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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYL DIVISION OF STATISTICAL RESEAR

AND STATE DEPARTMENT OF USALTU

WUD SINIE DELY	TLY I IAI	ENI OF I	TEMELL		
CH AND RECORDS,	301 W.	PRESTON	STREET.	BALTIMORE	1. MARYLAND
CERTIFICATE					01343

14	a. COUNTY		The state of the s	a. STATE b. COUNTY							
		Washington		MAF	RYLAND	Mar Mar	yland	1.000	Was	hineto	on
	b. CITY DR TDW	/N (if outside corporate and give nearest town	limits,	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (II	foutside co	rporate limits, wr	ite RURAL a	nd give neare	st town)
	Hagerstown 50 yrs.					Hager		21.1			
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in i			d. STREET ADDRESS		1			SIDENCE FARM?
	243 Su	mmit Ave.				243 Sum	nit A	we.		YES 🗌	
3.	NAME DF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day Yo	ear
	(Type or print)	Mark		Charles		Artz	DEAT	But Tools do do	-	14 19	~~
5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRI	ED X 8	DATE OF BIRTH	9.	. ACE (In years last birthday)	Hontha D	YEAR IF UNDI	
11	ale	Whi.te	WIDDWED	DIVORC	ED	July 7 1.8	393	73 yrs.	6	5	
1D	a. USUAL DCCUPAT	TIDN (Give kind of work d	one 10b.	KIND OF BUSINESS I	DR	11. BIRTHPLACE (C	ounty & State	e, or foreign country	() 12. CIT	IZEN OF WHA	T
	reakman	mig ma, even ti refined		Id. R.R		Washingt	ton Co	o. Md.	U.		
	. FATHER'S NAM	1E				14. MOTHER'S MAIL	DEN NAME				
	Charle	es Artz				Carri	Le Wad	i e			
15	. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16	. SOCIAL SECURITY!	VO. 17.	INFORMANT		S. Addre	ss Ant	izan	S÷
7	OS	(If yes give war or dates of	22	20 16 277	77 Mr	. Joseph	-	Willia			0.01
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and	(c).]					INTERVAL B	ETWEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	musen	Dist	untas	Alex	1		OHOE! WHO	DEATH
	420	DUE 1		1	-	1					,
	Conditions, If any, which Colonery aftery affectively								-	un	9
	gave rise to immediate (1	
	underlying cause last. (c) a delio selecoses, general with.								1.		
8	PART II. DTHER	SICNIFICANT CONDITIO		UTING TO DEATH BU	T NOT RELAT	ED TO THE TERMINAL	DISEASE CON	NDITION CIVEN IN	PART 1(a)		UTDPSY RMED?
ICAT		Askevar	level	in of so	hend					YES	ND D
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING ING IN GAUSE DE DEAT	H 20b.	DESCRIBE HOW IN	URY OCCU	RED. (Enter nature o	f injury in F	Part I or Part II	of Item 18.)		
CE	(IF EITHER, ND	ING □ CAUSE OF DEAT TIFY MEDICAL EXAMIN	ER)								
EDICAL	20c. TIME OF Hour a.	INJURY Month, Day, Y			20e. PLAC	E DF INJURY (Home, f y, street, office bldg., c		(City or town)	(Conu	ty)	(State)
N N		m. 19_	at wo	Not While							
Г	21. I certif	fy that (1) (this hosp	tal) attend	ded the deceased	from	9 Jan , 1	966, to)	, 19	_, that (I)	(we) last
	saw the de	ceased alive on	9 Ja	n. 1966	and that	death occurred at	3 4.M. fi	rom the causes			d above.
	22a. SICNATU	RF /	7	1		ATTENDING	MED.	STAFF		TE SIGNED	, ,
	(coro	MI	myde	14 N.D.	PHYS.	DIRECTOR	PHYS.	1/5	fan (16
	22c. PHYSICA NAME (T		M. Ši	nyder N.	D.	106 No	RTHY	POTOMAC	ST %	tageist	d.
23	a. BURIAL, CREM	MATION, 23b, DATE T	HEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L	OCATION (City, t	own or coun	ty) (State)
1	BULL LAL (Sp	Jan.	-66	Manor	Cemet	cery	Nea:	r Tilgh	manto	n Md.	
24	4. FUNERAL DIR	ECTOR		ADDRESS				ISTRAR 25b. R	ECISTRAR'S	SICNATURE	
5	Albert	L. Leaf W	illi	amsport,	ild.	ONEN	161	966	Contes	Judge	
9								. 4		11 11	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) hours a. COUNTY b. COUNTY by the death. Washington Washington Maryland MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town! .5 Hagerstown Vrs. Pages Hagerstown Rural within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. Pagin 72 hours d. STREET ADDRESS n. IS RESIDENCE ON A FARM? 928 Penna. Ave. completely Gateway Convalescent Home YES NO X 3. NAME OF 4. DATE Month DECEASED DEATH Jan. 28. 1966 within (Type or print) Ellen Viola Bailey carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. and (Del birthdey) Months Deys April DIVORCED T WIDOWED 3 Female Be remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Nestorville. W. Va U.S.A. 0 wn Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marazzet Auvil aftendia ple William H. Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 17. INFORMANT remova (Yas, no er unkown) (Ifyesg)vewerordetesofservica ret Bailey B28 Penna. Ave Margaret permit. affending physician. þ 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ö las been signed be burial-transit per ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CERE-BRO VASCULAR HEMORIPHIC 3000 cremation, DUF TO ARTHROSCUSIONE C.V MISERSE Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the RTSRIUSCLSLOSIS COSH. PHYSICIAN: After this certificate hospital ST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior esn NO.F detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH e H 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, ferm, ! 20f, (City or town) (County) (State) 6 fectory, street, office bldg., etc.) While Not While DIRECTOR: Dept. et work et work 9 21. I certify that (I) (this hospital), attended the deceased from 15 Jane 1963, to 28 Jan., 1966, that (I) (we) last should State 19 Co. and that death occurred at J.D.M. from the causes and on the date stated above. saw the deceased alive on ... 28 may 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED HOSPITAL death. Page 4 page with H PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed v 218 N. Peromas di. HAGBESTOWN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OFB REMOVAL (Specify) Thurmont. Fredk. CO.MD Blue Ridge Cem. Jan. 31/66 Burial ADDRESS hurmont. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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	+	PLACE OF DEATH 1 2 USUAL RESIDENCE (Where deceased lived, If Institution: Residence to the state of th	efore admissio
-	e e	a. COUNTY Washington Maryland Washington	
I		b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest tow
		Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENC ON A FARM? S X NO
I	3.	NAME DF First Middle Last 4. DATE Month Day	Year
	-	(Type or print) Angelia Christine Baker DEATH January 11,	19 66
		Female White WIDOWED DIVORCED October 30,1965 yrs. 2 II	Hours Mir
ı	dur	a. USUAL OCCUPATION (Give kind of work done industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN DI COUNTRY?	WHAT
١	13.	None Hagerstown, Md. U. S. A	
ļ		n 41 n1: 1-	
1	15,	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	··
١	(Te	es, no, or unkown) (If yes give war or dates of service) None Mr. Alvey S. Baker Chewsville, Md.	
		1.18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	AL BETWEE
ı		4737 DUE TO	1
		Conditions, if any, which by gave rise to immediate (b)	
		cause (a), stating the DUE TO	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES	VAS AUTOPS PERFORMEDI 1727 NO [
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work a work at work a	(State)
		21. I certify that (I) (this hospital) attended the deceased from 17-30, 1965, to 1-11, 1966; that	
		saw the deceased alive on	
,		22a. SIGNATURE Control of The Staff 22b. DATE SIGN M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGN Control of The Staff 22b. DATE SIGN DIRECTOR PHYS. 22b. DATE SIGN 1 22d. ADDRESS	66
		NAME (Type) Charles F. Hess, M.D. Smithsburg, Maryland	
	23a	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
		Burial 1- 14- 66 Benevola Cemetery Benevola, Wash. Co.	

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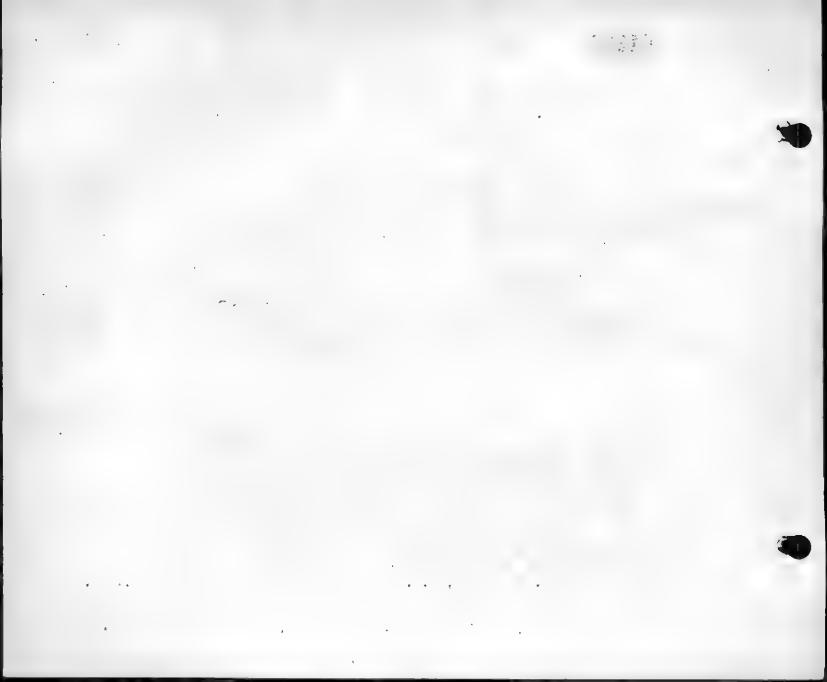
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral, director, page 3 should be detached for use as the burial-transit permit. Then please remove, earbon papers. Pages Y and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dead. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1391
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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	a STATE b. COUNTY Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 5 Min	Hagerstown 2/-/
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
430 Rhode Island Ave	420 Rhode Island Ave DN A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
E CCV	ARROW DEATH Jany 27 1966 19
7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
Male White WIDOWED XX DIVORCED 108. USUAL OCCUPATION (Give kind of work done 1 tob. KIND OF BUSINESS OR	ay 10 1907 58 yrs.
during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Bd of Education	Ridgeway Berkley Co USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hugh E. Barrow	Nellie Frith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	s Betty Burger 420 Rhode Island Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	Hagarotown Md I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	UNSET AND DEATHY
1578 IMMEDIATE CAUSE (a) Caramona a	The receives it markes
Conditions, If any, which \	
gave rise to immediate	
cause (a), stating the DUE TD underlying cause last.	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONT	PERFORMED? YES ND 7
20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUP BY CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC factor p.m. 19 Not While at work	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 11	/17/65, 19 to 1/27 , 1966, that (1) (we) last
saw the deceased alive on 1/2 7 1966 and that	death occurred at 832 M, from the causes and on the date stated above.
200. SIGNATURE	22b. DATE SIGNED
Stage Juning M.D.	ATTENDING MED. STAFF 1/28/66
22c. PHYSICHAN'S/	22d. ADDRESS 3/8 N. Antonia G St.
NAME TYPE (Seorge -lennings	Hacerstown Wo
23a. BURIAL, CREMATION, 23b. QATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify)	Hacarataun Wash C. Ma
24. FUNERAL DIRECTOR Hagerstown ADDRESS MG	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	EB 1 1966 July mage

VR A15 (4) 20M 1/65

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01392 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()1347
HEALTH DEPT!	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY A. COUNTY
~= 0 + :	Washington MARYLAND Maryland Washington
cessary funera may b may b artmen	D. GITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
is ecessary, o the funeral e 5 may be Department after death.	Hagerstown Md. 10yrs. Hagerstown Maryland / d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
+ DO CO (A	UN A FARM?
delay S nd 3 to Page State hours	3. NAME OF First Middle Last 14 hars Month Day Year
any detay 7, 2, and 3 PM3. Pa Th the Stat	OF DECEASED (Type or print) Mary Afreda Baytop DEATH Jan 12 1966
Market Land	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
death. I Pages ith form	Female Colored WIDOWED DIVORCED Aug 15 1910 55 yrs. June 15 1
E * * * * * * * * * * * * * * * * * * *	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) INDUSTRY Domestic 12. CITIZEN OF WHAT COUNTRY? USA 12. CITIZEN OF WHAT COUNTRY? USA
ours after n 18. Give a along w pages 1 a	Domestic Private family Emmitsourg, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 - 2-	Charles Constance Gertrude Richardson
4. 二、 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) 1 (If yes nive war or dates of service)
I within 2 pencil in miner's 0 permit. F	no 219-12-6101 Jacob Baytop 332 Blooms Court.
ited within in pencil Examiner's Examiner's sit permit or remove	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSEO BY: Continue of the con
ans Fe	IMMEDIATE CAUSE (a) 17 Cuto Sub Grachused Vernaules 2 hrs.
be exe pendin Medica urial-tr	Conditions, if any, which } (b)
uld bur a bur creir	gave rise to immediate cause (a), stating the OUE TO
hord Shire ial,	underlying cause last.) (c)
icate the the the used to but	PERFORMED? YES Z NO
= = = = = = = = = = = = = = = = = = =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES A NO PERFORMED? YES A NO PERFORMED? PRIMARY TO OF CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH.
in	
##E 60 80	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While p.m. 19 at work at work
ara . era	21. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry 🞉, and in my opinion
the certification of the certi	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL SCANNING CAN DE SIGNED ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE TO STATE OF
	1 NAME (Type) Address (Street, City, town, or county)
please director retaine of Heal	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Jan 17 1966 Rose Hill Cemetery Hagerstown Md. 24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	John R Water for Hagerstown and DATLAN 13 1856 y works Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death PLACE OF DEATH 8. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and glye nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours Hagerstown daaerstown tely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 902 Salem Ave-902 Salem Ave NO X The law requirem that the dmath contificate be executed within pon NAME OF Middie DATE DECEASED Rou Ralph Beard (Type or print) DEATH annary 19 66 and re-remaye 1 any eve 5. SEX 6. CDLOR DR RACE OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Davs Male May 9.1895 DIVORCED WIDOWED ie attending physician a permit. Then please re tion, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Trainman Railroad USA Hagerstown. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis C. Beard Susan Harbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 705-10-5291 Mrs. R.R. Beard 902 Salem Ave Hagerstown Md burial-transit pern burial, cremation, the NTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH certificate has been signed by PART I, DEATH WAS CAUSED BY I HOSPITE A ATTENDING PROPIED IN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate the z DUE TO cause (a), stating the as th underlying cause last (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES | NO 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) detached free benefits to be benefit OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) State Hour a.m. Not While 鱼 at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 21. I certify that (I) (this hospital) attended the deceased from 19 and they death occurred at 2 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.O. PHYSICIAN'S 22d. ADDRES NAME (Type) St., "agerstown, Md. tomac BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Rest Haven Cemeter 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) (hapel tuneral DATE 15M 4-64

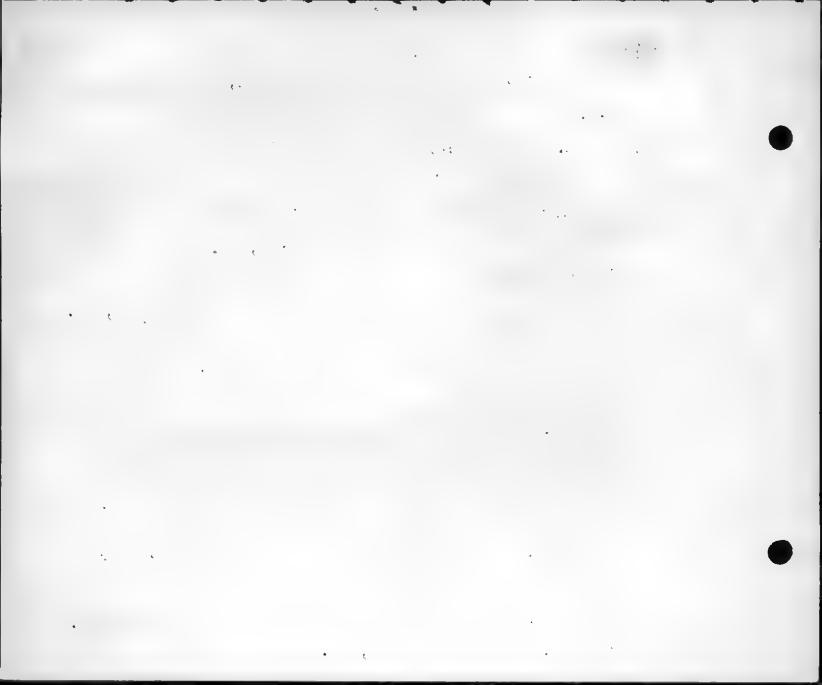
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funeral and 2 death. death. апр hours mfter emove carbon papers. Pages 1 any event, within 72 hours after the Pages Š filled in it lin completely execute ase temove o **8**886 cernificate ba physic гетоvа the attending permit. 07 death cremation. requirem that the burial-transit been signed by Page 4 may be retained by the hospital or attending physician. detached for use as the buriar-re. Dept. of Health prior to burial, this certificate has MAYSICIAM After 3 should with the should TO FUNERAL DIRECTOR: page filed THE SHITTE director, p

MARYLAND STATE DEF	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
PLACE OF DEATH 100 PLACE OF DEATH	E OF DEATH 12. USUAL RESIDENCE (Where deceased lived, If institution: Re	01540
a. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) H. CONCETON.	Maryland, Allegan to har to county or town (if outside corporate limits, write RURAL a Lonaconing	为於本於 and give hearest tow
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Western Md. State Hospital	d. STREET ADDRESS Charlestown	O. IS RESIDEN ON A FARM YES NO
NAME DE Firet Middle	Last A DATE Month	Day Voer

3. DATE DF DEATH DECEASED (Type or print) 1966 6. COLOR OR RACE AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Hours Female White WIDOWEDY 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Housewife 13. FATHER'S NAME Stephen Llewel Belle Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) None Beeman Lonaconing INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] (SON) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) rise to Immediate DUE TO (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO F 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While D.M. at work 21. I certify that (I) (this heapital) attended the deceased from and that death occurred at 6.5. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b.
REMOVAL (Specify)
BURIAL
1 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 1966 hilos FUNERAL DIRECTOR 24. George Eichhorn Lonaconing, MD.

VR A15 (4) 2DM 1/65



FOR STATE HEALTH DEPT.

cessary, c.e funeral 5 may be with the State Department within 72 hours after death. DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 1 PM3. Page retained for your files. event w File pages I and in any TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. I of Health or its designated agent, prior to burial, cremation, or removal, TO DEPUTY MED

> VR AISME (5) 5M 1/65

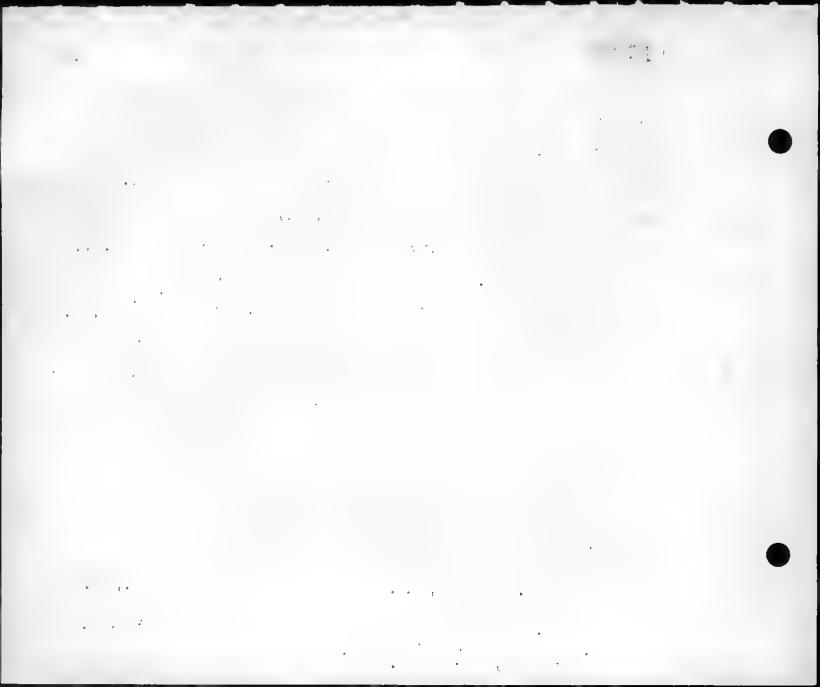
jt.

Hagerstown

arvland

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	0139	5	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH	11350
1.	PLACE OF DEATH	4-45				(Where deceased In		Residence before admission)
			ngton	MARYLAND	a. STATE		Wehing t	ion
	b. CITY OR TOW Write RURAL	N (If outside cor and give neares	rporete limits,	C. LENGTH DF STAY IN 10	- m		limits, write RURAL	and give nearest town)
_	Hage	rstown		2 Weeks	Hagers	town		april y a y
		st Fran		spita, give street address	STREET ADDRESS	st Fran	1c7 des 04 =	e. IS RESIDENCE ON A FARM?
-		D P T T T	PTIII 20			BU FIAII		eet ves No X
	NAME OF DECEASED (Type or print)		Jeffrey	Lynn	Berry	4. DATE OF DEATH	Month Jan.	1 1963
5,	SEX		ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IFUNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.
_	Male	Thite		DIVORCED	Dec. 28,196	Q	yrs.	15
đu	ring most of worki	ION (Give kind of ng life, even if r	work done 10b. Krivetired) INI	NO DE BUSINESS OR DUSTRY	Hagers tow		C	OUNTRY?
13	. FATHER'S NAM	E			14. MOTHER'S MAIDEN			
		Willie	m. Berry		Wand	a Weave	r	
(Y	s. WAS DECEASED E es, no, or unkown) no	VER IN U.S. ARM (If yes give way or o	Sates of service)	none 17.	INFORMANT Lirs Wanda W	.BerryH	4. Address Fragerstov	anklin St
Г				e for (a), (b), end (c).]	,	1.		I INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSE IMMEDIATE C	D BY: AUSE (e) HCL	te hept	ventricular	Hyper	tackley	ONSET AND DEATH
			DUE TO	0./	-: 4 0	- /	22 200	
	Conditions, if a		(b) 4 er	ge HTALE	Ven Tricula	SLUBIO	(i) efoct	1 15 days
	cause (a), st underlying caus	ating the	DUE TO and		actua Art	bercoon		
CATION	PART II. DTHER'S	IGNIFICANT CON	DITIONSCONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION	GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	PRIMARY () OF CAUSE OF DEAT	. CAUSE WAS CONTRIBUTING (H.	20b. DE	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of in	njury in Part i or	Part II of Item 18	.)
CAL	20c. TIME OF			in a family	ACE DF INJURY (Home, farm ory, street, office bldg., etc.	20f. (City or	town) (Cor	unty) (State)
MED	Hour a.m		19 While at work [Not While at work	or y, ou cet, o mea brugh cte.	"		
	21. I certify	that I took cl	harge of the rema	ins described above, he	eld an Autopsy 🔀 🗀	Inspection,	Inquiry 🗷	and in my opinion
	death resulte	ed from: Na	tural causes 🔀	Accident, St	uicide 🔲, Homicide	, Undet	ermined manner	
	ACTUAL SIGNATURE	chunt	2 W DI	Ho III	CHIEF MEDICAL E			22. DATE SIGNED
	EXAMINER'S	Edward	W. Ditto	TIT M D	DEPUTY MEDICAL	EXAMINER	Hag.	NA466
	NAME (Type)				Address (Street,		inty)	
23	a. BURIAL, CREM. REMOVAL (Spe Burial	cifv)	1	23c. NAME OF CEMETER			erstown or con	
24	. FUNERAL DIRE	CIOR .	-	ADDRESS	l Cemetery	BY REGISTRAR		
	Andrew	K. Coffr	nan Funer	cal Hone In	c. JAN	17 1000		2. 1



	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ì	FOR STARE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission
	Ssary, Page files. Int of	a. CQUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ny delay is necessary, functal director. Page inted for your files, state Department of after death.	write RURAL and give nearest town) Hoorstown Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
*	the funeral of the funeral of the State De urs after de	Washington Co. Hospital None YES No.
	ath. 13 to 15 to 1	(Type of print) ## Bolton 5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN YEAR IF UNDER 1 YEAR IF UNDER 2 HRS.
	after deal	Male White WIDOWED DIVORCED Aug 21, 1907 58 yrs. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stella or foreign equality) 12. CITIZEN OF WHAT COUNTRY
	24 hours of Pages 1 pages 1 pages 2 pa	Foreman W. Md. Railroad Oakland W. Va. U.S.A. 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A.
	Give Give Tile p	Nathan Howard Bohrer Flizebeth Zeiler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgive war or deless of service)
	ecuted with in them 18, ng with for sit permit, val, and in	No None 705-10-8006 Mrs Beulah Bohrer, Big Pool Md. 18. CAUSE OF DEATH JETTER ONLY One cause par line for (a), (b), and (c).
		1 A 201 DUE TO COLORUMY Declus con - 2 list-
	ne should be ding" in pen ner's Office a as a burial-ti nation, or rei	Conditions, if any, which gave rise to immediate cause (b) Glylers Arture 5 clerosu and (0-15) 17-5.
	tifica pen camir used aren	causa last. (c) Autura Schutte heart Diseure
	d Calculation	YES NO Z 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Iden 18.)
	INER: The viet Media should be shoul	
	XXXIVI	Hour s.m. While Not While factory, stress, office bldg., etc.) p.m. 19 at work at work
	교은 주었고	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
¥	T MEDICA cuts the certification of forwarded AL DIRECT its designate.	ACTUAL Schward in DINOHI M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	5 % P W 6	EXAMINER'S Edward W. Ditto III, M.D. DEPUTY MEDICAL EXAMINER HAG., Md. /////66 Address (Street, city, town, or county)
	TO DEP please 4 shou TO FUT	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [State] REMOVAL (Specify) 1/18/66 St Double County Washington Md.
	VR A15ME	23. FUNERAL DIRECTOR SADDRESSULS COMETERY 240. REC'D BY REGISTRAR'S SIGNATURE
	5M 1/63	Margaret Rouland. Clear Spring, Nd. 10001 Journelly Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial range completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the ery event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF STATISTICAL RESEARCH OF DEATH

0200	ORIGINI IOMI	a OI Daniii		11 3 7 5 7
1. PLACE OF DEATH a. COUNTY			ere deceased lived, If institution: I	Residence before admission)
washington	MARYLAND	a. STATE	Tashington	
	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporate limits, write RURA	L and give nearest town)
Hamerstown	9 Mos	Hagerst	nro	0
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Garlock Hemorial Home			ietan St	YES NO X
3. NAME OF First DECEASED (Type or print) 1 ARY SU	Middle ISAN BOTT		DEATHJany 5 196	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IFUNDER	YEAR IFUNDER 24 HRS.
Female Thite WIDOWED E		c 24 1894	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12. 0	ITIZEN OF WHAT
Housewife C	on Home	Hagerstown "	ush 60 md	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Samuel P. Thomas		Laura V. K	eefer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. St (Yes, no, or unknown) [(If yes give war or dates of service)]	OCIAL SECURITY NO. 17.	INFORMANT	Address	
No No	ne Mis	s Frances K.	Thomas Hag	erstown ad
18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).] 15	9". "Lehing	ton St	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cer	ebral throm	bosis		9 mo.
JOKX DUE TO				
Conditions, If any, which \ (b)	ebral arter	iosclerosis		Indefinite
gave rise to Immediate cause (a), stating the DUE TO				
underlying cause last. (c).				/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	ECONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAT				YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	In Part I or Part II of Item 19	8.)
	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2 ry, street, office bldg., etc.)	Of. (City or town) (Co	unty) (State)
Hour a.m. While p.m. 19 at work	Not While at work	ry, street, onice bidg., etc.)		
21. I certify that (I) (this hospital) attended		oril 5 1965	to Jan. 5 19	66 that (I) (we) last
saw the deceased alive on Jan 2	1966 and that	death occurred at	M, from the causes and on	the date stated above.
22a. SIGNATURE	A 100			
JO Silver	M.D	ATTENDING MED.	OR PHYS. 1/5	/66
NAME (Type) B. B. Kneisle	ev. M.D.	22d. ADDRESS 48 T	V. Washington	
(7),707	-4,	Hage	estown, Maryl	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		i. LOCATION (City, town or co	ounty) (State)
3 1r1 1 1 7-36 L	Rose will C	emetery H.	REGISTRAR 25b. REGISTRAR	th Co itd
24. FUNERAL DIRECTOR Hage 15 to 70	ALL ADDRESS		-1 -	
Andrew K. Coffman Fune	ral Hone In	C DATEN IO	1956 1 1956	2 Ju. 292

VR AI5 (4) 20M 1/65



FOR STATE HEALTH DEPT.

01308

TO DEPUTY MEC EXAMINER. This certificate should be executed within 24 hours after death. If any delay essary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Fages 1. 2, and 3 to refuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated seam, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ALSME (5)

	_										17.4	حالات	/-/
1	1.	PLACE OF DEATH						IDENCE (Wher	e deceased liv	ed, If institution: I	Residence be	fore at	(nolasimt
ME TOP		a. COUNTY ,					a. STATE			ь, соинту			1
		" shi	ngton	la Halla		MARYLAND	Laryl	and	announts N	"ashin		000101	et town)
		write RURAL	(It outside corporated give nearest tow	n)	c. LENGTH OF	STAT IN ID	C. GITY OR TOY	AM (II ontaide	corporate ii	mits, write RURAL	r oun Kine	ileal C:	st town,
					D. O.	Α.	Hage	rstown	1	21.1			
		d. NAME OF HOS	S TOWN	N (If not In h	ospital, give str	eet address)	d. STREET ADD	RESS	•		e. :	S RES	DENCE
													FARM?
9			gton Coun		spital		123	Linas			YES		NO L
1	3.	NAME OF DECEASED	FI	rst	Middle	0	Lest	4. DI	TE	Month	Day	Ye	ar
		(Type or print)	JOYCE		HATEL	BRAH	NSTEIN			Jan. 31		19	66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	Q Z Z Z Z Z Z	2.20	B. DATE OF BIRT	Н	19. AGE (1	n veers HF UNDER	1 YEAR IF		
		-	907-						last b	rthdey) Months		Hours	Min.
		Ferale	Thite	WIDOWED		DRCED 🔂 🔃	ov. 19,	1965		yrs.	121		1
	10a	. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	AND OF BUSINES	SS OR	11. BIRTHPLA	CE (State or t	foreign coun	try) 12, 0	ITIZEN OF OUNTRY?	WHAT	
	Juit	Non			Infant		Hagerst	Own E	Josh (U.S.	Δ.	
	13.	FATHER'S NAMI		1	- 111 St11 6		14. MOTHER'S			2 0 y 3 2-1 CL	OBDE	-(1)	
		17111211 0 11111111	•										
		Dav	ld I. Bra	unste	in			hia Ba	arr				
	15.	WAS DECEASED E	YER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURIT	TY NO. 17.	INFORMANT			Address			
	(16	s, ne, er minown)	(11 Acz diac mat ot darez o	T SETVICE)	one	D-	2 7	Danasa		200 13			
								Braune		123 Li	LINCET		A C
	l		EATH [Enter only on		Ine for (a), (b), a	end (c).]	nage	rstown	a Back		ONSET		
		PART I, DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (7)	HOUT	e IV	ton Str	tial 1	neu	men i 6	7	26	25
		= 40.0	DUE				7						
	1	Conditions, if		(2)	Men	·		4.	1/0	L un	155	- (n	44
1	ш	gave rise to	Immediate /	(b) (c)	11000	ngiri	<u> </u>	YPL	- y x		7 9		
		ceuse (a), st		TO	/	./.		/ Due	to H.	Influen	ızae		
		underlying cause		(c)	d	1717N	nined						
	S	PART II. OTHERS	IGNIFICANTCONDITIO	ONS CONTRIBL	JTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE	CONDITION	IIVEN IN PART 1(a)			JTOPSY MED?
(0)	Ā										YES		NO 🗆
	CERTIFICATION	20a FYTEDNAL	CALISE WAS	1 20h 1	PECCETER HOW	INITIBY OCCI	IRREO. (Enter nut	ure of Indury	n Part I or	Part II of Itam 1J		UZ_N	
	틸	PRIMARY or	CAUSE WAS CONTRIBUTING []	200.	DESCRIBE NOW	INDUKT OCCU	MINEO: (Enter neo	are or injer)	11 1 41 (1 01	10,11,011(01) 20			
	빙	CAUSE OF DEATI	1.										
	MEDICAL	20c. TIME OF I	NJURY Month, Day,	Year 20d.	NJURY OCCURRE		CE OF INJURY (HO		f. (City or	town) (Co	un ty)	0	State)
		Hour a.m		While	Not While	racto	ry, street, office bl	idg., etc.)					
	E	p.m											
	l	21. I certify	that I took charge	e of the rem	iains described	d above, he	ld an Autopsy 🖟	Inspe	ction [],	Inquiry 💋 ,	and in	n my	opinion
		death resulte	d from: Natural	causes 📈	. Accident	☐, Sui	cide , Ho	omicide 🗍	, Undete	rmined manner			
	1				e to i		CHIEF ME	DICAL EXAMI	NER				
	ш	ACTUAL	50 (2)	(), 24.	-		T MEDICAL E		1	22.,	DATE	SIGNED
		SIGNATURE	- curacy		5-11-0	- 111		MEDICAL EXAM		-	2/1	160	2
		EXAMINER'S							-	TT	2/2		
		NAME (Type)			III, M.	D		Street, city, t			-		
	23a	. BURIAL, CREMA	ATION, 23b. DATE 1	HEREOF	23c. NAME	OF CEMETERY	OR CREMATORY	23d.	LOCATION	(City, town or co	ounty)	(S	tate)
1		Buriel	Feb.	7 10	SAB INAL	i Abas	ham Cen	n+0	Half.	ייין דר וייי	2277 / . ~	2	
1	24.	FUNERAL DIREC	CTOR	2, 12	ADDRES	S AOPS	125a	REC'D BY R	EGISTRAR	25b. REGISTRAR	STGNAT	URE	
2		A V C	- F.S TO		TT	Ψ.		ER /	1000	When	on Our	lat	
	_	H. L. U	offuan Fr	meral	Home,	Inc.	DAT	EL U 法	1966	-4	The state of	1	-
				7713 20	· U. e					U .			

Item 18 Film G375 3/2 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



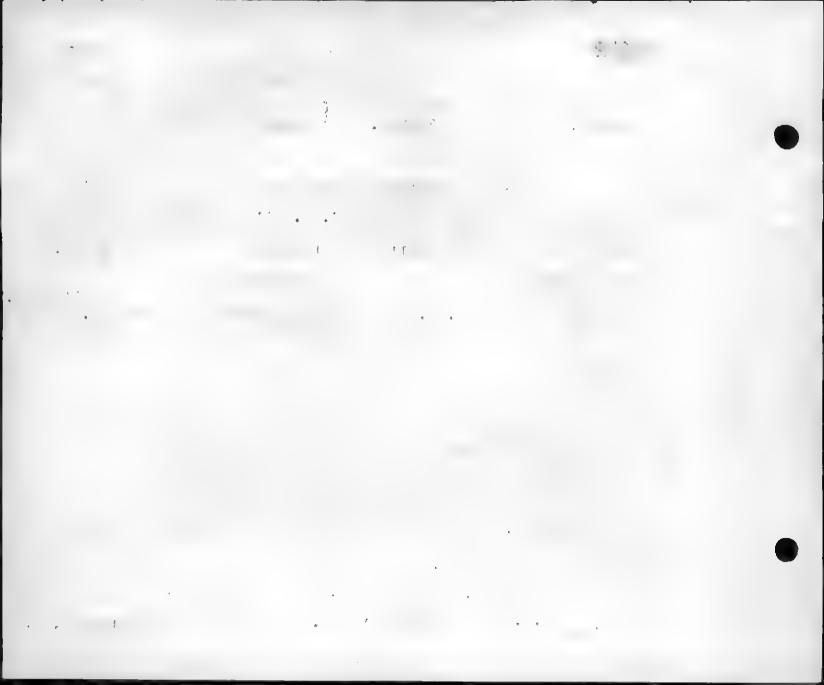
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

AT .	1	01333			CERTIFIC	CAIL	OF DEATH			()	1354	
3		PLACE OF DEATH o. COUNTY	WASHINGTO	N	MARYL/	AND	2. USUAL RESIDENCE (V o STATE MAR	Vhere deced		NTY WA	befare admissia SHINGT	In) DN
		HANCC			30 YRS	16	HANCOCK	,	ote limits, write RU	RAL ond give	11	VENICE
	É	H NAME OF HOSP T	AL OR INSTITUTION (IF po	it in haspital, g	jive street address)		d STREET ADDRESS				e IS RESID DN A FA	
	2 1	NAME DF	HOME	rst	Midde		Last	4. DATE	Mon	th	Doy Yeo	
	-	DECEASED (Type or print)	JOB		WASHINGTO	N_	BREEDEN	OF DEATH	1		1 19	66
	\$ 5	ZEX X	6. CDLOR DR RACE	7 MARRIED WIDDWED	NEVER MARRIED DIVORCED		9.17.1911	9	AGE (n years lost birthday) yrs	Months	YEAR IF UNDER Days Hours	Min.
	1Da durii	JSUAL OCCUPATION ng most of warking LABOR	(Give kind of work done life, even if retired)		IND DE BUSINESS OR IDUSTRY ISTRUCT I ON)	11 BIRTHPLACE (County VIRGINIA	& State, ar fo	ireign country)	12 (11) (2)	TEN DE WHAT NTRY? S.A.	
	_	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
		JOHN W	BREEDEN				SARAH	FLAZE	R			
	(Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FDRCES? (If yes give war or dates on NO	of service)	.12.0820	17 1	NFORMANT ROY E BRE	EDEN	Addr 204 DA	ess VIS RI	SPRING: D.BERKI	S W.
		PART I DEA / / / / Conditions, if any, rise to immediat stating the unde last.	e cause (o), rlying cause	(c) A 2	cute V Therosc	na ler	stie He	Cora	Dise	ase	INTERVAL BETTONSET AND D	
	CATION	Ch	rosice 1	Recur	rent los	th	ma c2	O CI	uphy	rema	19. WAS AUTO PERFORMI YES	DP X
	MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY DCC	URRED.	Enter nature of injury in	Part I or Pa	rt II a¶ item 18.¥			
	MEDICA	20c TIME DF INJU Hour o.r p.r	10	2Dd. It While at war	Not While		CE DF INJURY (Home, fam ory, street, office bldg., etc.)		(City or town)	(Caur	ity) (State)
		21. I certi	fy that (I) (this hos	pitol) otten	ded the deceosed f			9 65			5, thot (I) (1	
			eceased dive an_	2-3	1 19 65, ar	nd tha	t death occurred of		A, from couses			obave.
		22a/SIGNATURE	arles	RU) verer) _{M.I}	111101	MED. DIRECTOR	STAFF PHYS.	22b. DA1	TE SIGNED	6_
		22c. PHYSICIAN S NAME (Type	Charl		Wierer, P	M. I	22d. ADDRESS 238 E.	"ai:	n St.,	"anco	ck, Md	
	230	BURIAL, CREMATIS REMOVAL (Specify BURI		REOF 56	GREEN WA		CREMATORY EM •	1 _	CATION (City or To	SPRIN		tate)
		. FUNERAL DIRECTO	R		ADDRESS	0		BY REGIST	RAR 256. R	EGISTRAR'S SIC	SNATURE	
	1	tox me	1 8 11	me a	Homes	6/2	DATE AT	U	1000	, (1	-

permoletely filled in by the funeral of control of cont TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and interestar, page 3 shauld be detached for use as the burial-transit permit. Then please rent shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in arm. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT.

D DEPUTY MED. EXAMBRER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 With the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death TO DEPUTY MED

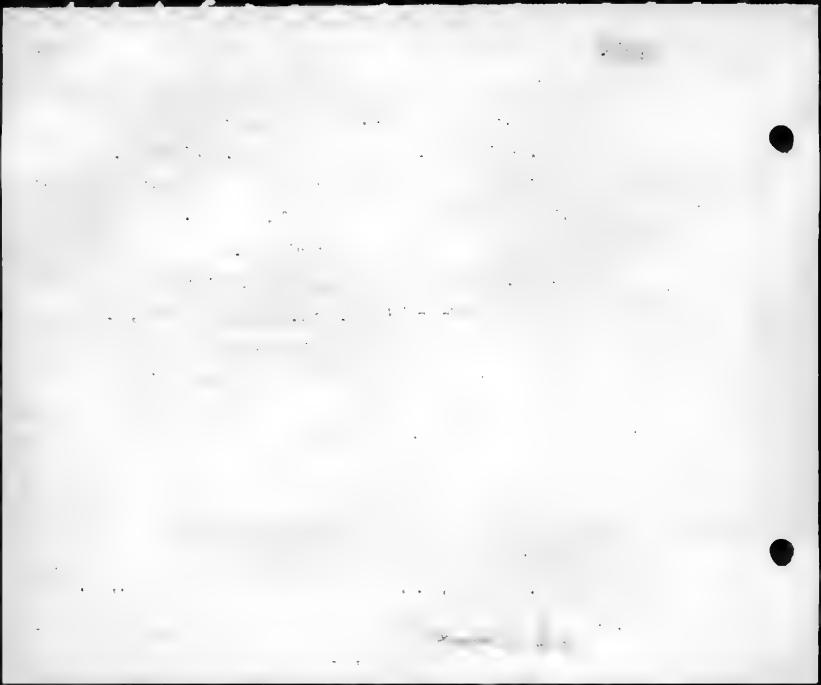
> VR ALSME (5) 5M

1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

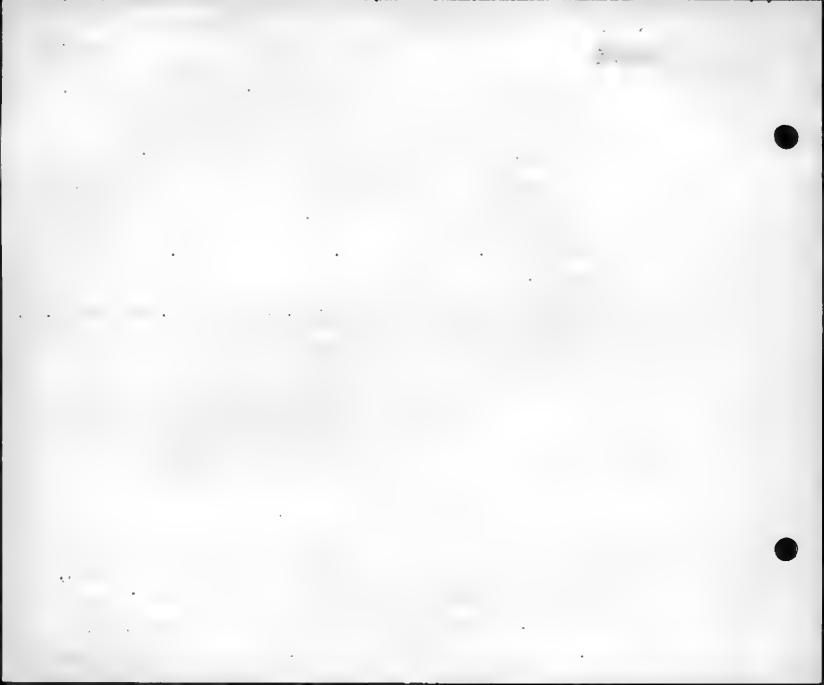
			.,	
01400	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1.	PLACE OF DEAT	4				NCE (Where dec			e before admission)			
		Washingt		MARYLAND	. STATE	laryland	b. cour		naton			
	b. CITY OR TOW Write RURAL	N (If outside corporat	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN							
		Hagerston	un	50 yes.	/-	dagersto	wn.	م ×	, -1			
	d. NAME OF HO	PITAL OR INSTITUTIO	N (if not in hos	spital, give street address)	d. STREET ADDRES	SS	7.7.0		e. IS RESIDENCE ON A FARM?			
		410 W.Wa	shington	n St.	4	110 W.Wa	shington	Sto	YES NO NO			
3.	NAME OF DECEASED	Fir		Middle	Last	4. DATE	Monti		y Year			
	(Type or print)	Mar	tin	Ellsworth	Buhrman	DEATH	January		1966			
5.	SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Days	Hours Min.			
	Male	White	MIDOMED 5		March 31.	1889	76 yrs.	Montais Days	riours min.			
10a	B. USUAL OCCUPAT	ION (Give kind of work of ing life, even if retired	done 10b. Kin	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	(State or fore)	gn country)	12. CITIZEN COUNTRY	OF WHAT			
	Carpe	enter		odd jobs	Poxville	2-Md-		USA				
13.	. FATHER'S NAM	E			14. MOTHER'S MA	ATOEN NAME						
		Elmer E.	Buhrma	r		Susan	Dunkin					
		EVER IN U.S. ARMED FOI (If yes give war or dates of		OCIAL SECURITY NO. 17.	INFORMANT		Addres	ŝŝ				
1,,,	Ves	(UU)		1-54-0111 Mark	Leo F. Wel	lan R.	# 1 Pant	> Old				
	18. CAUSE OF	DEATH [Enter only one	cause per lin	e for (a), (b), and (c).]	AR EU_ZaV/E/L	Macrin		INTI	ERVAL BETWEEN			
Ш	PART I. DE	ATH WAS CAUSED BY:	Mai	SIVE GRIT	- tit	r Line	1 2/04	ONS	SET AND DEATH			
Н		*				1 7 9 0	11326		-3453 ;			
	Conditions, If	conditions, if any, which) (b) have due to suspected Paptic alcert										
	gave rise to	Immediate (The state of the s	and the contraction	1 7						
	cause (a), si underlying caus	retiting the	(4)									
Ιz			NS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE CON	ITION GIVEN IN	PART 1(a) 19.				
CATI		Anterioschootic Heart Disrese - + general Antoniaschapris. YES NO NO										
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY (1) or CAUSE OF DEAT	CAUSE WAS CONTRIBUTING [] H.	2Db. DE	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury in Pa	rt I or Part II o	f Item 18.)				
CAL		NJURY Month, Day, Y	Year 20d. IN.	JURY OCCURRED 20e. PLA	CE OF INJURY (Home ry, street, office bldg.	, farm, 20f.	City or town)	(County)	(State)			
9	Hour a.r		While ,	NOT WILLIA 1	ry, street, onice bigg.	., etc.)						
2				ins described above, he	d an Autopsy	Inspection	n 🔼 Inqu	iry 🔼 , and	d in my opinion			
		ed from: Natural			cide . Homi		Undetermined	·				
		0	THE PALL) A //	- ·	CAL EXAMINER						
	ACTUAL SIGNATURE	NER 🗍	22. DATE SIGNED									
				LIMO TIL		ICAL EXAMINE			ulce			
	EXAMINER'S NAME (Type)	Edward W. D	itto II.	I, M.D.	Address (Str	eet, city, town,	or county)	lag., MC.				
238	BURIAL CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	own or county)	(State)			
	Surial	rb/12/	66 .	Rest Haven	Comotoni	14	ccaratan	14	Md			
24	. FUNERAL DIRE		Hou	Rest Haven	29a. , 1	REC'D BY REGIS	THAR 256. R	EGISTRAR'S SIGN	NATURE			
R	est Haven	r Inneral Cl	rapel	Hagerstown !	Id. DATE	H 10 K	.30 1	daling of	unge			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence by O. STATE O. STATE O. STATE Md. 4 USUAL RESIDENCE (Where deceased lived, if institut on Residence by O. STATE Md. 5 CITY OR TOWN (If outside corporate limits, write RURAL and give new rear RURAL and gi

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) filled in by the fun papers. Pages 1 c ithin 72 hours after d Wash. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown 69 years d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 227 S. Locust Washington County Hospital NO completely fi NAME OF 4. DATE Year Lost DECEASED January DORA ELIZABETH BURGER 19 66 event, (Type or print) DEATH гетто сог IF UNDER 24 HRS. AGE (in years IF UNDER 1 YEAR 8. DATE OF BIRTH SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours Oct. 27. 1896 white female WIDOWED DIVORCED and in any 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired) INDUSTRY pleose attending physicion sermit. Then please administrative asst. Hagerstown. Md. telephone Co 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removol, John R. M. Burger, Sr. Virgie Wolfe 16 SOCIAL SECURITY NO. 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 212-10-0179 permit. John R.M. Burger, Jr. Hagerstown, Md. buriol, cremotion, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. aleret AND DEATH signed by the burial-tronsit admicontinous of common Gile duet IMMEDIATE CAUSE (a) be retained by the hospital or attending physicion. curte trendant komowhage) DUE TO signed | Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause os the peen last. 19. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ed for use of Health Biabytro millitus -NO certificote 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20g ACC DENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH be detoched State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. Nat While at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 5-10, 19 52, to 1 131, 1966, that (I) (we) last director, page 3 should should be filed with the 1/3019 66, and that death accurred at 6 A. M. fram causes and an the date stated above saw the deceased alive an_ O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE 1-31-66 PHYS. M.D. 154 West Washington St. 22c. PHYSICIAN'S John H. Hornbaker NAME (Type) Hagerstown. Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Feb. 2, 66 Rose Hill Cemetery Hagerstown, Md burial 2Sa. REC'D BY REGISTRAR ADDRESS 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles 1966 VR A15 (4) Scott F. Minnich & Son, Hagerstown, MD 20 M 1/66



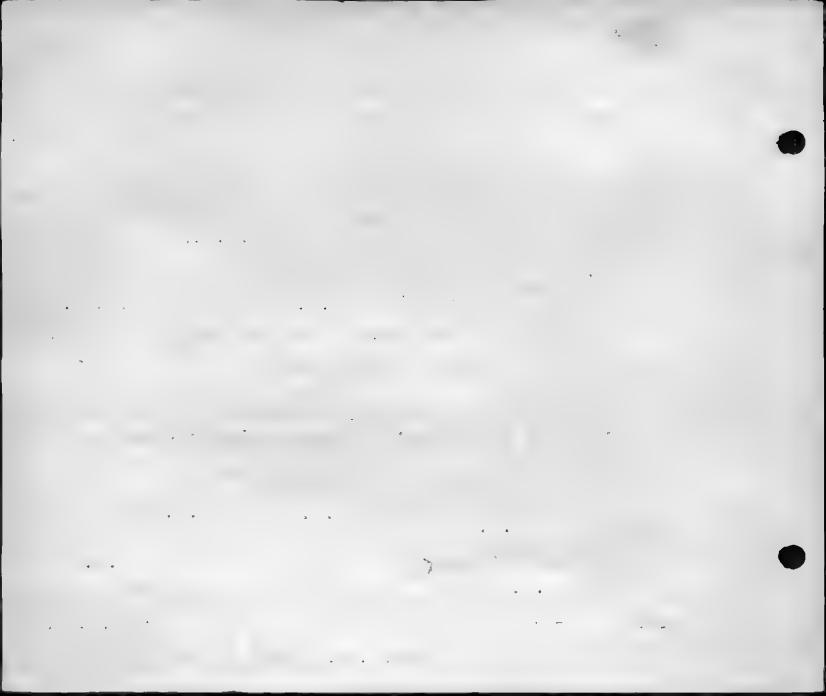
TO HOSPITAL OR ATTENDING ■HY■ICIAN: The law requires that the death certificate ■■ exem∎ted within 24 ■ours after death. Page 4 may be retained by thm hospital or attemding physician. TO FUNERAL CIRLICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01402 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)									
	Washington MARYLAND	Mary///na// Md Washington									
1	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If putside cornerate limits, write RURAL and give nearest town)									
ł	write RURAL and give nearest town) Hagers town 3 days	Jackson/Contelledetty Mole									
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE									
4	Washington County Hospital	N//Phtoligid Lt/ R.F.D. #2 ON A FARM? YES NOTE									
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year									
	(Type or print) CALILLA SALLY	BURNS DEATH Jan. 31. 1966									
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.									
	Fenale hite widowed Divorced	May 5, 1889 76 yrs. Months Days Hours Min.									
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UNDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?									
	Housewife Own Home	Waynesboro Franklin Cty U.S.A.									
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PONNA.										
ı	Janes W. Early,	Enma Hollinger									
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ! 17.	INFORMANT Address									
	(Yes, no, or unkown) (If yes give war or dates of service) 218-30-9454 Mr	s. Enma Hastings, Boonsboro, R#2									
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	Mt. Aetna, Md. INTERVAL BETWEEN									
	PART I. DEATH WAS CAUSED BY: ONS AND DEATH										
	- IMMEDIATE CAUSE (a) COURT TIMOTHER TO THE STATE OF THE										
1	Conditions, If any, which \ DUE TO Pater in a No 1 No. 1 Main desogners indifficite										
1	gave rise to immediate (
Т	cause (a), stating the DUE TO underlying cause last.										
		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY									
	Dilutes mellitus mild: 11	PERFORMED?									
	20a, ACCIDENT WAS UNDERLYING IT 20b, DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA LUCIDATE MELLOT MEL	the feet will be many in tale to the first from 200									
- 1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While facto p.m. 19 at work at work	ry ctreat, office bldg a etc.) (city of town) (county) (state)									
	p.m. 19 at work at work										
	21. I certify that (I) (this hospital) attended the deceased from	4-17, 1950, to death 19, that (1) (we) last									
		death occurred at 45PM, from the causes and on the date stated above.									
	22a. SIGNATURE 22b. DATE SIGNED										
	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. DY									
1	NAME (Type) Rabout F Fordis	22d. ADDRESS, De CAD LAND, Md.									
	I VONGIA I VEOME	Harzover auto									
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)										
-	Burial 2/3/65 Rose Hill C	en etery Hagerstown Aggerran Sagnature									
	24. FUNERAL DIRECTOR Hagers town 1 d. ADDRESS	28a REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE									
Ž.	A. K. Coffnan Funeral Hone, Inc.	DATE TO TE 1800									
	Hagerstown, Md.										

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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~ ~			OTZOX			CERTIFI	CAIE	OF DEATH			- Ula	1007	
by the funeral Pages 1 and 2 curs after death			PLACE OF DEATH	TON			4440	2. USUAL RESIDENCE (o. STATE		b. COL	INTY		sion)
e fu es l affei				if outside corporate limits,		MARYL c. LENGTH OF STAY IN		C CITY OR TOWN (If o			SHINGT:		-
y the f Pages urs afte			write RURAL and	d give necrest town)			/-	HAGERST			/ /	, , ,	
in by ers. 2 hou				AGERSTOWN AL OR INSTITUTION (IF not	in hospital o	WEEK		d STREET ADDRESS	O MAIA	(7		e. IS RES	IDENCE
inpletely filled in by the fur te carbon papers. Pages I event, within 72 hours after	1)			NURSING I		176 31.681 000(6)3)			CHELL	AVE.		ON A	FARM?
y fi			NAME OF	Fers	t	Middle		Last	4 DATE OF	Mar	th	Doy Y	fear
eletely f carbon ent, witl			DECEASED (Type or print)	JAMES		ROBERT	CA	SSIDY	DEATH	JANUAR			66
evel evel		5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	□ 8	DATE OF BIRTH	9	Olast birthday)	Manths Do	AR IF UND	ER 24 HRS.
Carlo marilla			MALE	WHITE	WIDOWED	DIVORCED	□ 3	/22/1885	8	O yrs			,,,,,,
by the attending physician of transit permit. Then please remotermation, or remaval, and in any		dun	. USUA, OCCUPATION ing mast af warking LORIST	N (Give kind of work done life, even if retired)	N	ND OF BUSINESS OR Dustry Dwer		11. BIRTHPLACE (County		eign country)	COUNT		
please , and			FATHER S NAME		PL	JWER		14. MOTHER'S MAIDEN			U.S.	A	
phy en ava				CACCION				NORCELIA	WE	LLER			
em ≓g		_		CASSIDY ER IN U.S. ARMED FORCES?	1 16	SOCIAL SECURITY NO	17. 1	VEORMANT		Add	ress		
mit.		(Ye	is, na, ar unknawn)	(If yes give war or dates of	service)					474 MI	TCHELL		
attending physician permit. Then please an, or remaval, and			NO	EATH (Enter only one cous		+-09-2997	<u> </u>	ISY P. CA	SSIDY	HAGER	STOWN.	INTERVAL B	ELAND
by the ransit p crematic				TH WAS CAUSED BY-	1)	1 721 64 50	00	1. 14.	res of	Delan		ONSET AND	DEATH
by			4200	IMMEDIATE CAUSE (DUE 1		TRACTO SC	2010	KC	· ·	90180	4.8	200	
signed by the burial-transit burial, cremai			Conditions, if ony	62.6		drance &	a	eneral 1	noton	co sell	edella ?	250	- 4
signed burial- burial,			rise to immediat	te cause (o),			~		Ne 101	10-3000	C- 2.0.2	- 3	
the rtd			stoting the under	rrying cause [(c) C	with 2	Dire	chy					
s be			PART IL OTHER SI	IGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19 WAS AU	ITOPSY
se #		CERTIFICATION		_								PERFOR YES	NO F
ar u	0	FICA	20a ACCIDENT WA	S UNDERLYING 🗆	205. DE	SCRIBE HOW INJURY OCC	URRED (Enter nature of injury in	Part I ar Part	II of item 18.)			
a de life		CERT		G CAUSE OF DEATH MEDICAL EXAMINER)									
s ce athe		MEDICAL	-	URY Month, Doy, Year	20d 1N	JURY OCCURRED	20e PLAC	E OF INJURY (Hame, far	n, 20f.	(City or town)	(County	()	(State)
D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		MED	Havra r	10	While at work	Not While	facto	ory, street, affice bldg , etc.	.)				
Star Star							ram	2-16	19 63 , to	Jane	9C_ 1966	, that (I)	(we) last
the day			saw the d	ify that (I) (this hasp leceased alive an <u>.</u>	Jan	719 <u>.6.6</u> , a	nd that	death accurred a	635 M	, fram causes	and an the	date state	ed abave.
5 € €			22a. SIGNATURE		0 -11	·		ATTEMOMO	MED.	STAFF C	22b. DATE		
e 3 e 3	- 1			earl or a	X-194 6	371	M.0	, PHYS, Z	DIRECTOR	PHYS.] 160	766	
pod bed	- 1		22c. PHYSICIAN'S NAME (Type		20111			22d. ADDRESS	. W .		A		
d b				. rawara W		o III. M.D				ington			
Tect Diagram	2	23a	BURIAL, CREMATION REMOVAL (Specify	A .		23c NAME OF CEMET	ERY OR (XENASON.		CATION (City or T		"	(State)
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar t	1		URIAL	1/17/	66	ORCHARD	RID	GE	RURAL	L HANC	OCK WA	SH. N	1D
VR A15 (4)	6:	24	EUNERAL DIRECTO	JR /		ADDRESS	4		D BY REGISTRA	10	REG STRAR'S SIGN		
20 M 1/66	14	1	Tuha	201 2016	rul_	MORCOCK.	111	DAFAN	211	966] !	and my	- Long	~

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

} 1. 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then measer move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after depth. TO MOSTITAL OR ITTENDING PHYSICIAIN The law requirms that the death cellificate be executed within 24 hours after lieuth.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01405
CERTIFICATE OF DEATH

OTAGO	CERTIFICATI	E OF DEATH		112.10!	
A. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)				
WASHINGTON	BB s mass a name	a. STATE	LAND b. COUNT		
b. CITY OR TOWN (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b			WASHINGTON to RURAL and give nearest town)	
write RURAL and give nearest town)				• • •	
RURAL HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not II	3 MONTHS	d. STREET ADDRESS	RSTOWN	A 10 DECIDENCE	
	i iloshirai, Kisa sricar addiess)			e. IS RESIDENCE ON A FARM?	
AVALON MANOR INC.		730 ORCE	IARD ROAD	YES NO X	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year	
(Type or print) CIATRE	ELIZABETH	CLAPP	DEATH JANUARY	15 19 66	
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		Months Days Hours Min.	
FEMALE WHITE WIDOW	D DIVORCED	APRIL 27,19		Molidis Days Hours Mill.	
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR		ounty & State, or foreign country)	12. CITIZEN OF WHAT	
HOUSEWIFE	OWN HOME	MARQUETTE	CO. MICHIGAN	U.S.A.	
13. FATHER'S NAME	01111 110111	14. MOTHER'S MAID		0,00,7	
AUGUST EMBLOM		TENTAL A	ANTHEROCON		
	6. SOCIAL SECURITY NO. 17.	INFORMANT	ANDERSON	EW YORK, N.Y.	
(Yes, no, or unknown) (If yes give war or dates of service)				~	
		RS. BORGHILI	SELIZER 100W	57th. Street	
18. CAUSE DF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	r time for (a), (b), and (c).	1.	1/	ONSET/AND DEATH	
IMMEDIATE CAUSE (a)	encommence	lon acci	dent	a day	
DUE TO	1 0 -1	1.		1 2822	
Conditions, if any, which (b)	rebal and	marchine	<u> </u>	year	
gave rise to immediate (cause (a), stating the DUE TO					
underlying cause last. (c)			in .		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO CONTRIBUTING UNDERLYING AUSE OF DEATH YOUR COURRED. (Enter nature of Figury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20a. ACCIDENT WAS UNDERLYING 720b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of	Item 18.)	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
중 20c. TIME OF INJURY Month, Day, Year 20d	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)	
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Wh p.m. 19 at w	IS NOT WILLS	ry, street, office bldg., e	(C.)		
		1966 1) to Jan 15		
21. I certify that (I) (this hospital) atters		t death occurred at	71	and on the date stated above.	
22a. SIGNATURE/	1900_, and that		i i i i i i i i i i i i i i i i i i i	22b. DATE SIGNED	
Ost o A	/		MED. STAFF	1/17/1966	
22c. PHYSICIAN'S	M.D	22d. ADDRESS	DIRECTOR PHYS.	1/1//1900	
	FER M.D.		ROSPECT ST. H	AGERSTOWN MD.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to)		
REMOVAL (Specify)					
24. EUNERAL DIRECTOR /					
130 Da & P					
Cherles mreuge HAG	ERSTOWN, MARYLA	ND patAN	27 1922 18	mula. Due las	



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending by sical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO MESTIAL DE STENDING PRYBICIAN: The Iam requirem that the Beath certificated Page 4 may be retained by the hospital of attending physician.

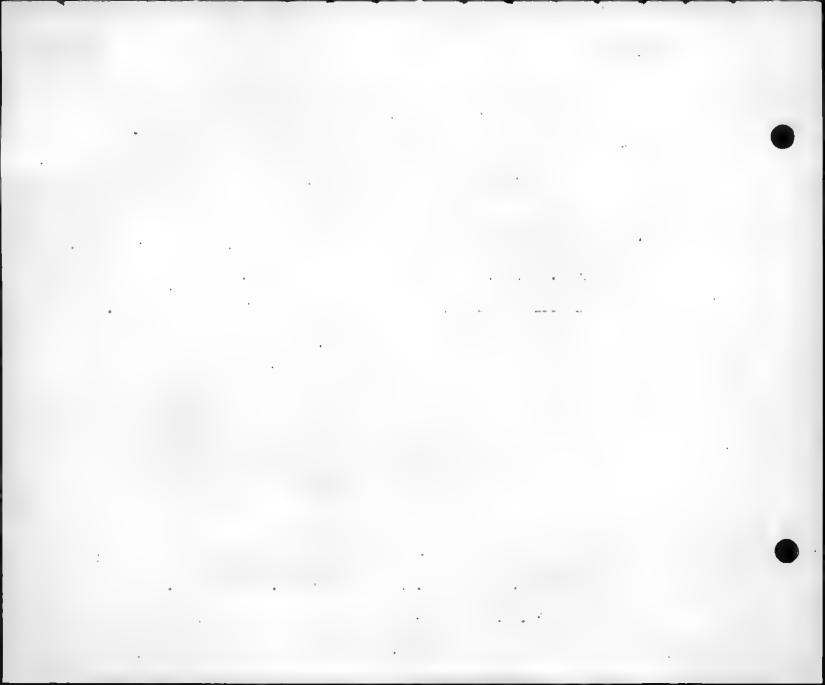
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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-01486	CERTIFICATI	E OF DEATH		0.360
1. PLACE OF DEATH 8. COUNTY		2. USUAL RESIDENCI	(Where deceased lived, If institution:	Residence before admission)
	SEA DAYS A SUP	a. STATE	TLAND b. COUNTY WA	CUTNOTON
b. CITY DR TOWN (if outside corporate limits, c.	MARYLAND LENGTH OF STAY IN 1b		Dutside corporate limits, write RUR	ASHENGTON AL and give nearest town)
write RURAL and give nearest town)				/
HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp)	50 YRS.	HAGERSTON	VEN	e. IS RESIDENCE
	tal, RIVE STIEST SCOTESS)	d. STREET ADDRESS		ON A FARM?
441 SUMMIT AVENUE		441 SUMMIT	AVENUE	YES NO X
3. NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) JOSEPHINE	ROHR	CLAPP	DEATH JANUARY	30 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH		ER 1 VEAR HE LINDER 24 HRS
FEMALE WHITE WIDOWED X	DIVORCED	JUNE 2.1898	67 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND	OF BUSINESS OR		mty & State, or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired) INDU		LIA CITTAL CHOM	CO MADVIAND	COUNTRY?
RETIRED SCHOOL TEACHER SC	CHOOL	WASHINGTON 14. MOTHER'S MAIDE		U.S.A.
		17, MOITER O MAIDE	-10 101/111M	
WILLIAM H. HUTZELL	NAL BEOLIDIEVING 1 co	FANNIE F	COHR HAREDAGGEN	WARVE AND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	HAGEROWOWN,	MARYLAND
NO NO	NE W	ILLIAM CLAP	P 460 SUMMIT AVE.	
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).)	2 .7 /		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	insmittack	at abdar	ner-	DASEI AND DERIN
# **		1	1.1	le year
Conditions, If any, which \	Arimary,	il not	to larune so	9
gave rise to immediate			~~~~~~ <u>~~</u>	***************************************
cause (a), stating the DUE TO				
S PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IC TO DEATH BUT NOT DELA	TED TO THE TERMINAL DI	SEASE CANDITION CIVEN IN DART 1/	a) 119. WAS AUTOPSY
F PARTITO THE RESIGNATION CONTINUES CONTRIBUTION	A TO DEATH BUT NOT KELA	TED TO THE TEXININAL DI	SEASE CONDITION GIVEN IN PART I	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20a. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of item :	18.)
0 = 1	RY OCCURRED 20e. PLAC	CE OF INJURY (Home, far	m, 20f. (City or town) (C	(State)
Hour a.m. While while at work	NOT WALLS TO I	ry, street, office bldg., et	c.)	
	at work	2011	59 to you 30 19	CC Bal (I) frust lank
21. I certify that (I) (this hospital) attended	17 / 10 11011			66, that (I) (we) last
saw the deceased alive on Go	19_66, and that	death occurred at	M, from the causes and on	DATE SIGNED
228. SIGNATURE		ATTENDING MET M	ED. STAFF	- 4
and proversion and the Company	M.D	. PHYS. X D	IRECTOR PHYS. 1/	31/1966
22c. PHYSICIAN'S NAME (Type)	36 10	22d. ADDRESS	ACDROM OR ILLOSO	Morni M
JOHN C. STAUFFER				TOWN, MD.
REMOVAL (Specify)	3c, NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
BURIAL (Specify) FEB. 2,1966	ROSE HILL CE			YLAND
24. EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Challis mranger HAGER	STOWN, MARYL	AND MEB	4 1956 PElian	Par Julas.
			1300 /	

VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

WASHINGTON

Day

8.

12. CITIZEN OF WHAT

119.

(County)

22b.

YES

19.66, that (I) (we) last

DATE SIGNED

COUNTRY?

USA

Months (

o. IS RESIDENCE ON A FARM?

Year

1966

YES

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

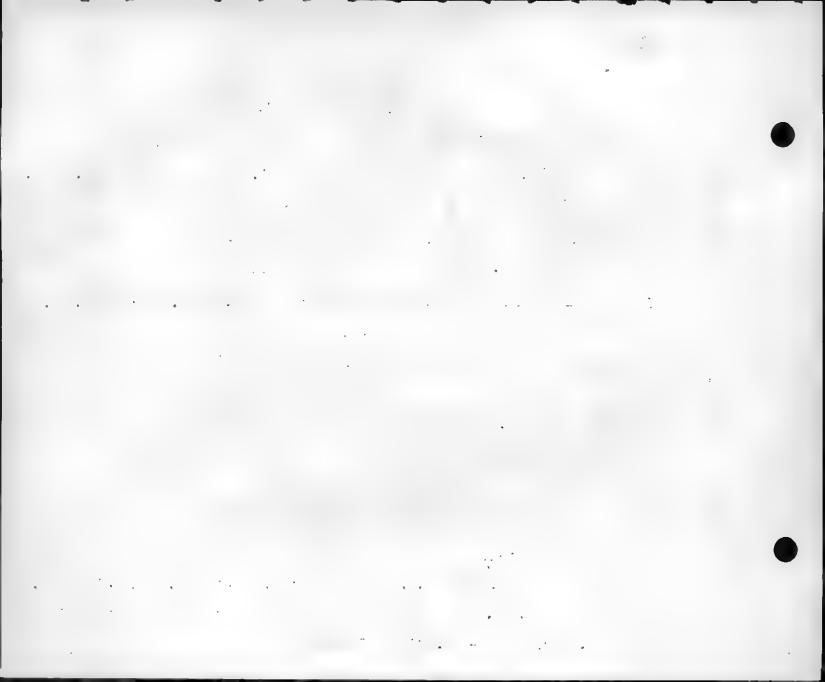
NO Z

(State)

(State)

No A

VR AI5 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: THE FIRE requires that the fleath certificate in executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consequenty filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove candon papers. Pages 2 and 2 should be filed with the State Dept, of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 3. COUNTY Washington MARYLAND b. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) MIDDIEST MARRIED MARCH 26, 1908 MARCH 26, 1908
Washington
Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) Hagerstown J. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 3. NAME OF DECEASED IT DELECASED G. COLOR OR RACE MIDDIE DIVORCED March 26, 1908 DIVORCED Month Months Days Hours Months Days Hours Months Days Hours Months County & State, or foreign country) Library Country? Country? Library Country? Library Country? Library Month Month Months Days Months Country? Country? Country? Country? Country? Country? Country? Country? Months Months Months Months Days Months Months Months Days Months Months Days Months Days Months Days Months Months Days Months Days Months Months Days Months Months Country? Country Country?
Color of Race The
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 3. NAME OF DECEASED (Type or print) 5. SEX G. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR If UNDER 24 HRS. Month Day Year OF DEATH 9. AGE (in years If UNDER 1 YEAR If UNDER 24 HRS. Male White Widowed Divorced March 26, 1908 57 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Railroad Elkins, W.Ua. 13. FATHER'S NAME Wesley Colbert March 26, 1908 March
Washington County Hospital 3. NAME OF DECEASED (Type or print) 5. SEX G. COLOR OR RAGE 7. MARRIED NEVER MARRIED NEVE
DECEASED (Type or print) Dhurland Simon Colbert Death January 25 19 66
(Type or print) Simon Colbert DEATH January 25 19 66 5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED March 26, 1908 North 26,
Male White WIDOWED DIVORCED March 26, 1908 57 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator 13. FATHER'S NAME Wesley Colbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Male White WIDOWED DIVORCED March 26, 1908 3/ yrs. 10a. USUAL OCCUPATION (Give kind of work done of the line) of BUSINESS OR during most of working life, even if retired in DUSTRY Crane Operator 13. FATHER'S NAME Wesley Colbert 14. MOTHER'S MAIDEN NAME Wesley Colbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
during most of working life, even if rettred) Crane Operator Railroad Likins, W. Ua. 13. FATHER'S NAME Wesley Colbert Marie Simon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Crone Operator Kailroad Likins, W. Ua. USH 13. FATHER'S NAME Wesley Colbert 14. MOTHER'S MAIDEN NAME Marie Simon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
13. FATHER'S NAME Wesley Colbert 14. MOTHER'S MAIDEN NAME Marie Simon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
15, WAS DECEASED EVER INU.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
15, WAS DECEASED EVER INU.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
(Max as a sumbour) the strong to the strong
(Yes, no, or unknown) ((Tyes give war or dates of service) 214-09-8099 Mr. Henry Reed 62 Madison Ave. Hagerstown, Md.
18. CAUSE OF DEATH Finter only one cause per line for (a), (b), and (c), 1
PART I. DEATH WAS CAUSED BY: Cardiac Brost Dimension ONSET AND DEATH IMMEDIATE CAUSE (a)
Conditions, if any, which \ (1) \ (1) \ (2) \ (1) \ (3) \ (2) \ (3) \ (2) \ (3) \ (2) \ (3) \ (3) \ (2) \ (4) \ (3) \ (4) \ (5) \ (6
gave rise to immediate
cause (a), stating the DUE TO
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]
PERFORMED?
YES NO 20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work
21. I certify that (1) this hospital) attended the deceased from Ho, 1958 to 184 25, 1966; that (1) (we) last
saw the deceased alive on 34 25 19 66 and that death occurred at 3 3M, from the causes and on the date stated above.
228. SIGNATURE 22b. DATE SIGNED
M.D. PHTS. DERECTOR PHTS.
PHYSICIAN'S NAME (Type) M.E. Byrk- + 220 ADDRESS NAME (Type) M.E. Byrk- + Williamsport M.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 1/29/66 Rest Haven Cemetery Hagerstown Md.
24. FUNERAL DIRECTOR 250, REGISTRAR 250, REGISTRAR'S SIGNATURE
Rest Haven Ineral Chapel Hagerstown, Md. JAREB 2 1966 Hellarles Judge

VR A15 (4) 15M 4-64



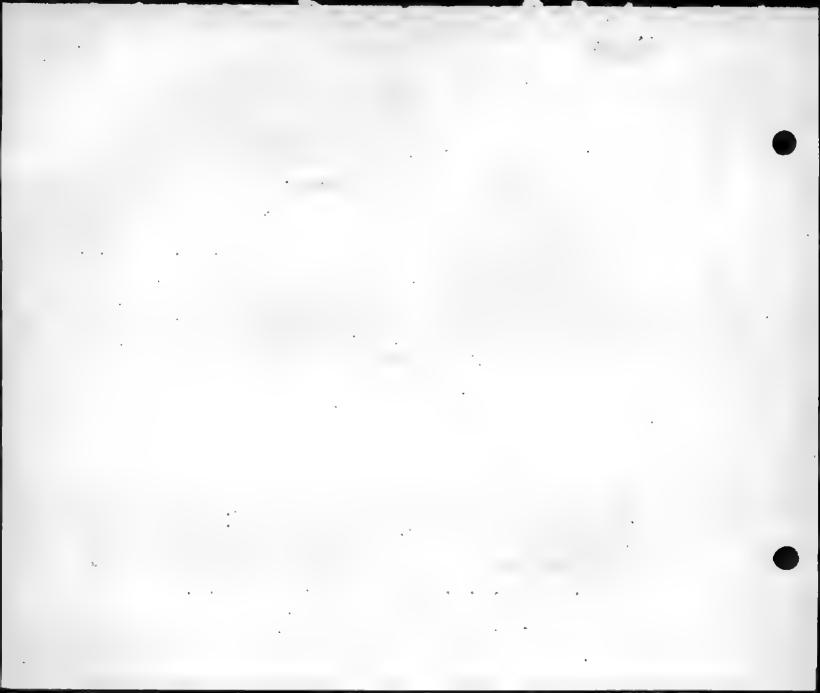
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending publican and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Therefolds, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
CERTIFICATE OF REATH	

DIVISIÓN OF STATISTICAL RESEARCH AND R	RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	IFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. STATE D. COUNTY 14. 15.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree	ent address) d. STREET ADDRESS e. IS RESIDENCE
_ W 's gton Or sty Wo pit l	The say to the same of the sam
3. NAME DF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH 7 0 20 19 6
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARR WIDOWED DIVOR 10a. USUAL OCCUPATION (Give kind of work done 1 10b. Kind of Business	RCED July 17 100 St yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Housewife	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Luther Müllenix	Katherine Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	nd (chi)
PART I. DEATH WAS CAUSED BY: Column of IMMEDIATE CAUSE (a)	TOTAL A A A A A A A A A A A A A A A A A A
DUE TO ATTROOPERS	melletus 7 um.
Cenditions, If any, which gave rise to immediate cause (a), stating the DUE TO	menous 7 ym.
underlying cause last. (c) Atyl Tense	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW IN OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY DCCURRED. (Enter nature of Injury in Part or Part of Item 18.)
PARTITIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE CONTRIBUTIONS CO	D 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
2). I) certify that (I) (this hosp(fal) attended the deceases	
	2, and that death occurred at APM, from the causes and on the date stated above.
ter Kalenon	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. [166]
Philip Hirshman, M. D.	Hagerstown nd.
REMOVAL (Specify)	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	riens Wash Co. Md.
.T. 20 se of Alli, fort	. 277 at JAN 24 1956 war world Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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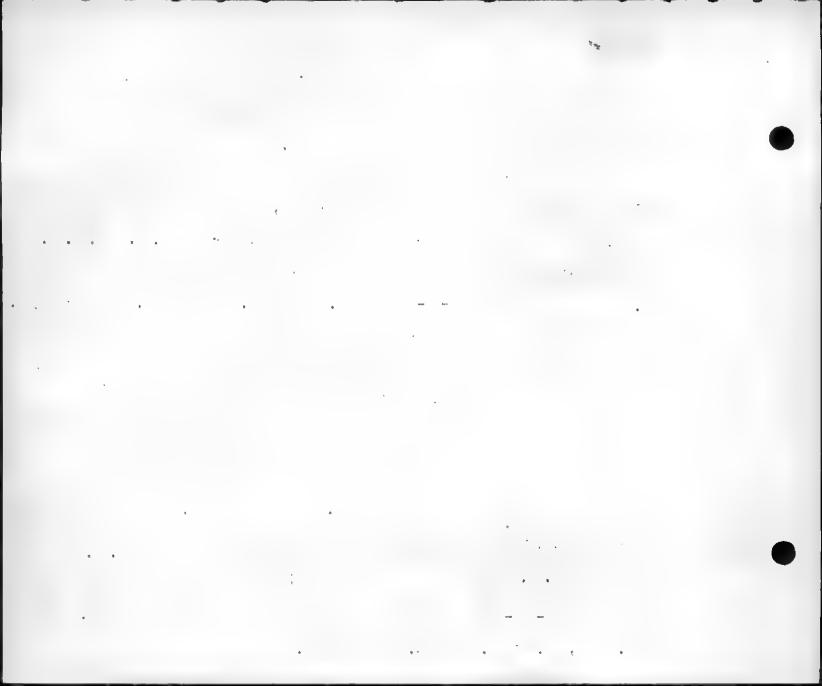
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certificate

death

MOSTITAL

MARYLAND STATE DEPARTMENT OF HEALTH



funeral may be Ф 3 to and 3. Pages 1, ith form leath. Item 18. Give P Office along with 24 hours the word the Chief 60 the certificate, 1 should be forwa EXAMINER: DIRECTOR: execute the r. Page 4 s d for your f FUNERAL I director. of 9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before admission) a. COUNTY e. STATE b. COUNTY WASHINGTON MICHIGAN MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWN 1 DAY BAY MILLS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? State hours WASHINGTON COUNTY HOSPITAL NONE NO X YES NAME DE First Middle Last DATE 4. 発達 DECEASED (Type or print) MARY ELIZABETH DOWNS DEATH JANUARY 19 66 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Monthe | Days | Hours | Min. 7. MARRIED X NEVER MARRIED [NE WIDOWED DIVORCED SEPT. 5. 1892 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? HOMEMAKER OWN HOME CANADA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD BUSH UNKNOWN File pand KITTS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. NO NONE MR. THOMAS DOWNS BAY MILLS, MICHIGAN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN CNSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Third and fourth degree burns Sev. days IMMEDIATE CAUSE (e) 75% of body area) DUE TO Conditions, if any, which (b) gave rise to immadiata DUE TO cause (e), stating the underlying cause last. used as to burial (c) 119. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO Z 20a. EXTERNAL CAUSE WAS PRIMARY PA OF CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) While burning trash, clothes accidentally caught 2 2 3 should MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While at work Hour e.m. Hagerstown Ma. Home Wash. CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XX. Inquiry and in my opinion Natural causes . death resulted from: Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER XX 1-7-66 EXAMINER'S 580 NORTHERN ANG (StreHAGERSTOWN Unt MARYLAND HOWARD N. WEEKS M.D. NAME (Type)

23d. LOCATION (City, town or county)

25b.

25a. REC'D BY REGISTRAR |

HAGERSTOWN. MARYLAND

REGISTRAR'S SIGNATURE

(State)

VR ALSME (5)

23a, BURIAL, CREMATION.

23b.

DATE THEREOF

JAN. 8.1966

23c.

ADDRESS

HAGERSTOWN. MARYLAND

NAME OF CEMETERY OR CREMATORY

CEDAR LAWN CEMETERY



VR A15 (4) 20M I/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1. MARYLAND
01413	CERTIFICATE OF DEATH	01267

		-1/		
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: R. STATE Market 1 and b. COUNTY Tr	esidence before admission)		
Washington MARYLAND	Maryland B. County Wa	shi . ton		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
Sharpshurg Lifetime	Sharosburg	31 -1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	STREET ADDRESS	e. IS RESIDENCE		
103 N. Church St.	103 N. Church St.	DN A FARM?		
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Year		
(Type or print) Ill sworth Patanonle	Barley Death . 1.	3 19 66		
5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DE BIRTH 9. AGE (In years IFUNDER last birthday) Mopths	1 YEAR IF UNDER 24 HRS.		
.les DIVDRCED	177 9 1091 74 yrs. Mophies	Days Hours Min.		
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT		
during most of working life, even if retired) Station Agent I. & W. R. R.		S. A		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, N.A		
Jores A Earlev	Abimala Winag			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17.	Abigale Hines INFORMANT 103 h. Chiadrets S+			
[LT es, No. or unkown) [IT yes give war or gates of service)	a. Dana Tabley Sharm tour.			
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]	· 2 II · I TEY DILL I	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	rouboj.	DNSET AND GEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere Groe Tu	no accord.	1 50 un		
DUE TO CONTRACTOR		7.0		
Conditions, If any, which gave rise to immediate (b)	and un Jelenos]	1000		
cause (a), stating the DUE TO				
underlying cause last.) (c)				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Parkiuson's Sidene -		YES ND		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20d. INJURY OCCURRED 20e. PLAI factor 20d. INJURY OCCURRED 20d. INJURY OC	CE OF INJURY (Home, farm,) 20f. (City or town) (Cou	nty) (State)		
Hour a.m. While Mot While factor	ry, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	N. C 1 - 106 F 4 2014 210 5	C Alich (IV from Lond		
saw the deceased alive on 1-3-19-6, and that	t double programmed at 12 G M from the program and put it	b, [//at (i) (we) last		
22a, SIGNATURE / /	deadi occurred at z = z - wi, from the causes and bit to	ATE SIGNED		
		4. 66		
NAME (Type) JOSEPH SECOND ARI	BOONSBORD HO			
23a. BURIAL, CREMATION, 23b. OATE THEREDE 23c. NAME DE CEMETERY REMOVAL (Specify) Ton. 6-1966 Mt. Vijou Co				
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR			
il of tot ill out toil				
	ra lateAN 6 1966 felicials	Judge		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the denth certificate lie elecuted within 24 hours after lieath. Page 4 may be retained by the hospital or attending physician.

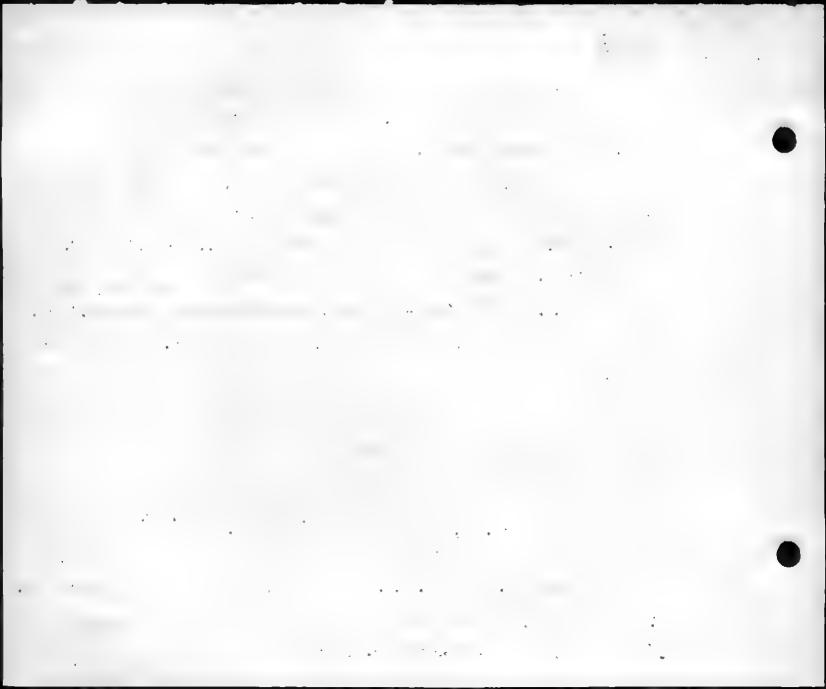
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
01414	CERTIFICATE OF DEATH	01368

-	Self-selfe, edite with a self-				T F -4 F F T T T T T T T T T T T T T T T T T
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease		idence before admission)
9	WASHINGTON	MARYLAND	a. STATE MARYLAND	b. COUNTY	ASHINGTON
-	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor		
	write RURAL and give nearest town) CONOCOCHEAGUE	4 YRS.	II A CHID OFFICE IN		. 1
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		HAGERSTOWN d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM?
_	GATEWAY CONVALESCENT HOME		540 SUMMIT AVENU		YES NO X
3.	NAME OF First OECEASED	Middle	Last 4. DATE OF	Month	Oay Year
_	(Type or print) RALPH		CHELBERGER SR DEATH		10 19 66
٥.	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIEO 8	OATE OF BIRTH 9. A	GE (In years IF UNOER 1) ast birthday) Months D	YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED	DIVORCEO		9 yrs.	
toa		(INO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	foreign country) 12. CIT	IZEN OF WHAT NTRY?
		RAIIROAD	WASHINGTON CO.	MARYLAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	WILLIAM H. EICHELBER	েন্দ্র	LILLIAN MOWEN		
15	. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16.		NFORMANT	HAUERSTOWN	. MT) .
(Ye	YES (If yes give war or dates of service)	719-05-3648 ME	O CANTE ETABLETE		,
-	YES W.W.I 18. CAUSE OF OEATH Enter only one cause per		S. SADIE ETCHELBER		INTERVAL BETWEEN
Ш	DADT & DEATH WAS DAUDED BY				ONSET ANO DEATH
	IMMEDIATE CAUSE (a) Arte	<u>riosclerotic Ca</u>	rdio Vascular Dise:	ase. Several	years
	7 A A DUE TO				
	cenditions, if any, which (b)(b)				
	cause (a), stating the OUE TO				
_	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	EO TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICA.					YES NO
TIF	20a. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of Injury in Part	or Part II of Item 18.)	
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
룡	20c. TIME OF INJURY Month, Oay, Year 20d. I	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (Cit	y or town) (Count	(State)
MEDICAL	Hour a.m. White	- NOT MULLS -	, street, office bldg., etc.)		
Σ	p.m. 19 at wor			70 10 //	7 40 4 05 4 5 L A
	21. I certify that (I) (this hospital) attend	بدلہ ed the deceased from بدلہ 19.66 and that	19 1, 1905, 10 4	an. 10, 19 66	that (I) (we) last
	saw the deceased alive on Jan. 10	1900 , and that	death occurred at 7 P.M. from	the causes and on the	
	22a. SIGNATURE	· Jook	ATTENOING - MED.	STAFF -	- 4
	22c. PHYSICIAN'S	M.D.	PHYS. DIRECTOR	PHYS. 1/12	2/1966
	NAME (Type)	O JR. M.D.	22d. ADDRESS 215 W. WASHINGT	ON SOF MACHED	emount am
				ON ST. HAGERS	
238	BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		TION (City, town or count	ty) (State)
-	BUKLAL JAN. 13,1966				YLAND
24	. FUNERAL DIRECTOR	AOORESS	25a. REC'U BY REGISTR	AR 25b. REGISTRAR'S	SIGNATURE

1966

HAGERSTOWN, MARYLAND

A15 (4) M 1/65



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0-	01415 CERTIFICATE OF DEATH
after death. the funeral gres 1 and 2 after death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY
0 O	Washington Maryland Washington
s afte by the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours in by Pag	Hagerstown Life Hagerstown /-/
24 hours filled in by papers. Pa hours in 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 2 by fill thin	Washington County Hospital 232 Taylor Ave. YES NO
executed within 24 hours and completely filled in by remove carbon papers. Pages pers.	3. NAME DF First Middle Last 4. DATE Month Day Year DF DECEASED (Type or print) LAURA KATE FIERY DEATH January 23 19 66
CO CO	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR UF UNDER 24 HRS. last birthday) Months 1 Oays Hours Min.
and co	Female White WIDOWED DIVORCED Sept. 30. 1893 72
sician sician ease I	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Hagerstown, Md.
icate phy n pl	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
ertif ding The emo	Edgar C. Fiery L. Katie Roessner
th c ttend nit.	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (1f yes give war or dates of service)
dea ne a peri	John J. Fiery Hagerstown, Md.
The law requires that the death certificate be execu or attending physician. Cate has been signed by the attending physician and r use as the burial-transit permit. Then please removealth prior to burial, cremation, or removal, and incomy.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRUMONITY OUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the OUE TO OUE TO
CLAN: The law recopital or attendice certificate has be need for use as the t. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left) 4 20f. (City or town) (County) (State) 4 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) 2
	21. I certify that (I) (this hospital) attended the deceased from JVIV , 1960, to Jin. 23, 1966, that (I) (we) last saw the deceased alive on Jin 23 1966, and that death occurred at 425M, from the causes and on the date stated above.
A ATTENDING s retained by RECTOR: After 3 should be with the Stat	saw the deceased alive on Jen 25 19 66, and that death occurred at 4.25 M, from the causes and on the date stated above.
OIRE 3ge 3	ATTENOING MEO. STAFF DIRECTOR PHYS. 1/24/E
TO HOSPITAL Page 4 may O FUNERAL director, pg should be fi	NAME (Typé) Lleyd A Hottman 214 N. Potomac St Hasarstonh, alle 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State)
5g 5 in 18	Burial 1-25-66 Rest Haven Cemetery Hagerstown, Md.
of the same of the	24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Scott F. Minnich & Son Hagerstown, Md. 1948 26 1966 Closely Judge.





funeral and 2 and 2 by the furnishment of the property of the prop bon papers. Pag within 72 hours filled in completely i remove in any and d by the attending physician ransit permit. Then please i cremation, or removal, and in the burial-transit to the burial, cremati has been as the t prior to l this certificate had detached for use a te Dept. of Health p be de State DIRECTOR: After tage 3 should be delifed with the State TO FUNERAL DIRE director, page 3 should be filed w Page 4 may t

death.

after

24 hours

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) .ashington a. COUNTY Hagerstown rvland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Hrs. 10 Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County North Hos. ital Cleveland. A vieres No Ec NAME OF Middle DATE Last DECEASED OF DEATH Cl .rk Gaines (Type or print) Jun. 1966 6. COLOR OR RACE DATE OF BIRTH AGE (in years ITF UNDER 1 YEAR IF UNDER 24 HR\$ 9. 7. MARRIED THE NEVER MARRIED last birthday) | Months | Days Hours L Min. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CITY COUNTRY? Retierd erstown, I d . S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac N. Gaines Adda Lanning 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or Unknown) [(If yes give war or dates of service) 16, SOCIAL SECURITY NO. I 17. INFORMANT Cleveland Lra no none Alma C. Gaines 18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTINUE TIME TO DEATH OF NOTIFICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES [20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) MFOICAL

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Ноиг а.т. While Not While 19 at work at work 21. I certify that (I) (this/hospital) attended the deceased from and that death occurred all 150 M, from the causes and on the date stated above. saw the deceased alive of 22a. SIGNATURE DATE SIGNED ATTENDING STAFF DIRECTOR PHYSICIAN 22d. ADDRESS NAME (Mpe) BURIAL, CREMATION, 23b. DATE THEREOF NAME GE CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Cedur Hagerstown Burial Lawn en. Gar ADDRESS Hole 24. EUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. The Clay Can uneral 1968 Antieta. t. DATE Haserstown

VR A15 (4) 20M 1/65



TO HOSPITAL OR ITTENDING PLYTICIAN: The lamination of the death certificate of executed within 24 hours after death. Page 4 may be retained by the hospital or attending plysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		STATE DEPART			
DIVISION OF S	TATISTICAL RESEARCH A	ND RECORDS, 301	W. PRESTON STR	REET, BALTIMORE 1,	MARYLAND
ATATR	CE	RTIFICATE OF	F DFATH		0112

ATSTO	O LIKTIN TOTTI	C. DERTH
PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) B. STATE D. COUNTY
WASHINGTON	MARYLAND	MARYLAND WASHINGTON
	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 2	27 DAYS	HAGERSTOWN // /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	tal, give street address)	d. STREET ADDRESS B. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL		124 CALVERT TERRACE YES NOK
3. NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year
(Type or print) ROBERT FRA		ALLAGHER DEATH JANUARY 25 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
MAIE WHITE WIDOWED		AY 1, 1902 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUS	OF BUSINESS OR STRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
OWNER LIQUOR	R STORE	WASHINGTON CO. MARYLAND U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
EDWARD GALLAGHER		MAME FULL 124 CATALERT TERRACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes give war or dates of service)		III OUNTILI
(Yes, no, or unkown) (If yes give war or dates of service) NO 214-	-09-2562 MRS	. MARGUERITE GALLAGHER_HAGERSTOWN. MD.
18. CAUSE OF DEATH [Enter only one cause per line f	(op)(a), (b), and (o)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tostalic	acume of Slam onset AND DEATH
1/ 1/2	. 6	1
Conditions, if any, which	er cuma	a Lego Lung (MD)
gave rise to Immediate	(3)	7
undarluing acres last		
	GTO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury in Part or Part) of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NO	ne
3 20c. TIME OF INJURY Month, Day, Year 20d. INJUR		E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While p.m. 19 at work	Not While at work	y, street, office bldg., etc.)
21. I certify that (I) (this hosbital) attended t	SCA TO	19(6) 10 (A) 19 (6 that (1) (we) last
saw the deceased alive on	19 e_, and that	death occurred at M, from the causes and on the date stated above.
22a. STGNATURE	10	22b. DATE SIGNED
Have statement	M.D.	PHYS. DIRECTOR PHYS. DIAN. 26.1966
YAME (Type) JACK H. BEACHLEY M		22d. ADDRESS
JACK H. BEACHLEY M	·	221 W. WASHINGTON ST. HAGERSTOWN, MD.
REMOVAL (Specify)	Sc. NAME OF CEMETERY	
BURIAL JAN. 28,1966	ROSE HILL CE	
24. FUNERAL DIRECTOR	ADDRESS	250 REGISTRAR 25b. REGISTRAR'S SIGNATURE
Talis mrouse HAGERST	TOWN, MARYLAN	D DATE

VR AI5 (4) 20M 1/65

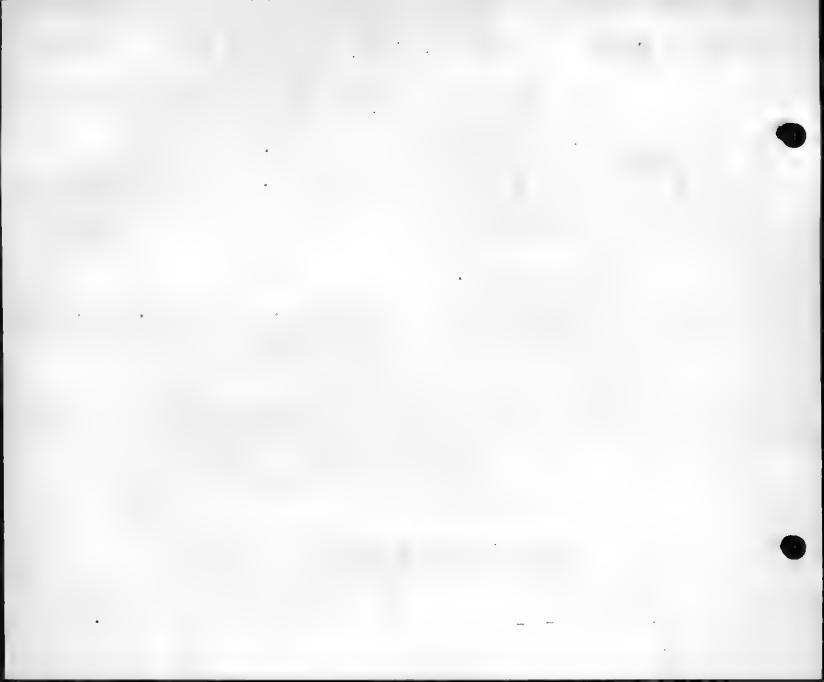


П	. MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
,	O1290 CERTIFICATE OF DEATH	01373
Ī.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institu	ion: Residance before admissi
,	a. COUNTY Washington MARYLAND B. STATE PERMA B. COUNTY	Factor's
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (if outside corporate limits, write RUR?	L and give nearest town)
	write RURAL and give neerest fowm	
	d NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS	a. IS RESIDEN
	en la 100 100 = 10	ON A FAR
	NAME OF First Middle Lost 4. DATE Month	Pay Yan
	DECEASED (Type or print) And	
į	Margaret 2. 100e12 Januara	DER 1 YEAR OF LINDER 24 HR
4	last birthday) Mon	
<u>^</u>	e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, ARTHELACE (County & State, or foreign country) 12	CITIZAL OF WHAT COURS
de	a. USUAL OCCUPATION (Give kind of work page 10b. KIND OF BUSINESS OR INDUSTRY 11, ERTHPLACE (County & State, or foreign country) 12 per during most of working life, even if retired)	CITIZEN OF WHAT COUNT
12	State DWher Hat Stoke Culpbetland Co. Bland.	USM.
13	FATHER'S NAME	-/ \ /
1 6	George It. Cootz Margaret H. Un	Freh
Y	. WAS DECEMSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no, or Unknown) [Illyasgivay@cordalesofsarvica]	010
	NO 180-26-459 Polet E. Reyma Theen C	-Al 2.
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	4200 DUETO 12	4 2
	Conditions, il any, which (b) PARTECIO DE ENSTICE BALL COIS	1 RS
	gave rise to immediate cause (a), stating the underlying DUE TO	0 ,,
	couse last. (c) TO AU FIRTBICO - UILIFROSIS	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOF PERFORMED
CATI		YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20l. (City or town)	(County) (State
MEDICAL	Hour a.m. While Not While Mot While	1.7
	21. certify that (I) (this hospital) attended the deceased from the land to to the land	19.59, that (I) (we)
	saw the deceased alive on	, , , ,
	22a. SIGNATURE	, / /, , 22b. DA
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	122/66 SIG
	22c. PHYSICIAN'S	-,)
	NAME (Type) FRUITERSTIFIC GREENCASTLE	1 104
23	a. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (Stata)
	REMOVAL (Spacify) 1/24/1966 Pado 4 Hill Polistery Pinice Chla	Fra Idua 1
24	FUNEBAL DIRECTOR'S SIGNATURE ADDRESS ASS. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
0	Stowall to Thineway theresitte to part 1 26 1960 80/10	a 45
7	TO (100) 11 / (100) 11	
		V





1		ا ا		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	VI AND
FOR S	STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1375
HEALIH	DEPI		1.	PLACE OF DEATH a. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of Deceased lived) B. COUNTY Washington MARYLAND MARYLAND	
ary be	death			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
recessary, the fun∎ral	Department after death]	Hagerstown Maryland 2 Months Hagerstown Maryland	, - 1
to the 5	afte			d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCI ON A FARM?
2000	State hours	77	3	Washington County Hospital 101 W. Bethel Street	YES NOT Day Year
2, and PM3.	12年		0.	Decreased (Type or print) Freddie Lee Gordon Jr. Death Jan 23	19 66
<u>+-</u> – =	k within		5.		EAR JIF UNDER 24 HR
				ale Colored WIDOWED DIVORCED Nov 23 1965 yrs. 2	
wit wit	eveni		dur	ing most of working life, even if retired) INDUSTRY	PEN OF WHAT ITRY?
8. G	pages in any	ŀ	13.	FATHER'S NAME Gardin 14. MOTHER'S MAIDEN NAME USA.	
Tem 18.	e pa			Freddie L Gordon Sr. Bleanon Cooper	
n 24 Tours after das I in Item 18. Give Pa s Office along with	File II, and		15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address . Fardin	
witllin pencil miner's	permit. removal,			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	el St.
rted witli ' in penci Examiner					ONSET AND DEATH HOURS
				5 au X DUE TO	
b≡ ey pendi fedic	burjal-tran cremation,			Conditions, if any, which are rise to immediate (b)	
	۵ ر			cause (a), stating the DUE TO underlying cause last.	
inte soom be exe the word "pendin the Chief Medical	used as to burial		NO.	(V)	19. WAS AUTOPSY PERFORMED?
ficmte the o the	use to I	1	ICAT		YES AND
is certifica writing th arded to tl	uld be prior		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF COURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	
R: Tils cer ate, writin forwarded	3 should lagent, price		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bidg., etc.)	y) (State)
INER: ifficat be fo	age ad a		MED	p.m. 19 at work at work	
差しつ	R: Pa ignat			21. I certify that I took charge of the remains described above, held an Autopsy (XX) Inspection (I), Inquiry (I), death resulted from: Natural causes (XX) Accident (I). Swicide (I). Homicide (I). Undetermined manner (I)	and in my opinio ¬
- et 42	CTOR	İ		death resulted from: Natural causes ** Accident/, Swicide , Homicide , Undetermined manner	7/24/66
Y MEDIC execute Page	L DIRECTOR ITS (SIGNATURE CONDUCTION WEST M.D. ASSISTANT MEDICAL EXAMINER	1/24/66 22. DATE SIGNED
		d		EXAMINER'S NAME (Type) Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagers	town, Md.
o DEPUTY please ex director.	FUNE	4	232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	
5 5 5	10 l	1		ourial 1-25-1966 was hill cemetery magerstown	NAME OF TAXABLE PARTY.
Vo	A15ME	My Charles	24	FUNERAL DIRECTOR ADDRESS 253. REGISTRAR 256. REGISTRAR'S STARY'S PATE 1 1968	GNATURE
	3 4-64			John Maleon of Nagerstown md. DATE - 1000	1-0-



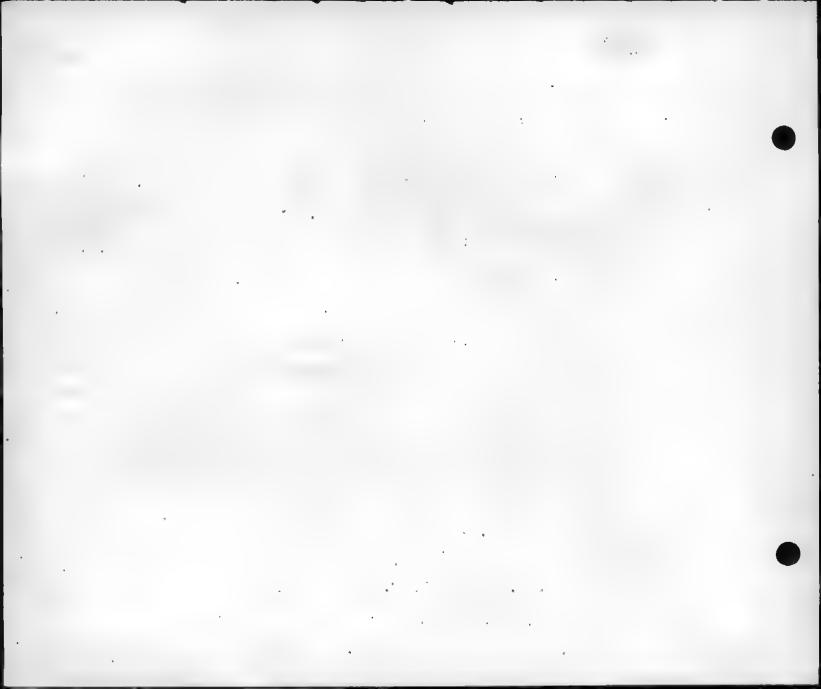
1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		01422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01376
HEALTH DEPT	1000	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY
		Washington MARYLAND Manyland Allegany /
lay is ssary, is the funeral Page 5 may be state Department ours after death		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ne fu	-	Hagerstown 1 Mo. Cumberland 1-2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ge E	,	ON A FARM?
W W W	=	3. NAME OF First Middle Last I 4. DATE Month Day Year
		(Type or print) LEE GRAHAM DEATH JAN 29 1966
ith. If a ges 1, 2 Horm P 2 with within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
The same of the sa	-	Male White WIDOWED X DIVORCED / / / 883 87 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Twe Pa		during most of working life, even if retired) INDUSTRY COUNTRY?
n 18. gl	ŀ	Retired Conductor B & O R R West Virginia II & A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hour l tem 1 Office a and In		Elkanah Graham Martha Jane Kelly
		15. WAS DECEASED EVER IN UARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md
within pencil in miner's permit.		No 705-09-7775 Mrs. Howard Chilton, 89 Summit Av. Cumberland 18 CAUSE OF DEATH LEnter only one cause per line for (a) (b) and (c) 1
in penci in penci Examiner sit permi		PART I. DEATH WAS CAUSED BY: 12 / 24 ONSET AND DEATH
		4040 DUE TO DUE TO
be exe Pendin Medica urial-tr		conditions, if any, which by to tracture Right Founds 3 105.
of "p of "p of "p of M a but		cause (a), stating the DUE TO
should word Chief as a b rriaf, co		Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN?
ficate shoul the word o the Chiel used as a to burial,		
± ∞ + ∞ <u>+</u>		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
nis ce writii rarded rould tt, pri		
NER: This cer ificate, writin be forwarded ge 3 should b ed agent, prio		Hour am. While Not While factory, street, office bldg., etc.)
AL EXAMINE the certific the certific should be refiles. Files. CTOR: Page designated	1	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection K, Inquiry , and in my opinion
AL EXAMI the cert t should t files. CTOR: Pa designate		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER ACTUAL SOLUTION OF THE SIGNED
Y MEDIII execute Page I for yor IAL DIRI	-	SIGNATURE CLAUDAL IN MICHAEL EXAMINER A
TO DEPUTY M please exec director. Pr retained for TO FUNERAL I of Health or	2	EXAMINER'S FOW A W. DIHO II, KI HOUSE (Stray, ett.), town, or county)
o beputy please ex director. retained fo b funeral		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 2 5 6	1	Burial Feb. 1, 1966 Sunset Memorial Park Near Cumber 1810, Fig.
VR A15ME	0	John J. Hafer 230 Balto Ave., Cumberland, Fin 2 1966 fliarles July
3500 4-64		W Water of Both



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please manove carbon papers. Pages 1 (and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to anywevent, within 72 hours after leath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01423	CERTIFICATI	E OF DEATH	01277
PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
Washington	MARYLANO	a. STATE TENTE b. COUNTY	n', in them
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give nearest town)
Aural or inchille	Tifotime	" and She many inc	21.1
d. NAME OF HOSPITAL OR INSTITUTION (if not is	n hospital, give street address)	d STREET AOORESS	e. IS RESIDENCE ON A FARM?
And it is		Antietam	YES NO TO
3. NAME DF First DECEASED	Middle	Last 4. DATE Month	Day Year
(Type or print) Fry Ar	n Virginia	in ay DEATH Ton.	1 19 66
5. SEX G. COLOR OR RACE 7. MARRI	ED NEVER MARRIEO	DATE OF BIRTH 9. AGE (In years IF UNDI last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
Pamale Vilte WIDOW	ED OIVORCED	23 1395 70 yrs. 10	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT
	[o] it.l		S.A
13. FATHER'S NAME		14. MOTHER'S MAIOEN NAME	
Peter A. Otzelbe	rger	Mary E. (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)	16. SOCIAL SECURITYNO. 17.	INFORMANT Andress	
70	17 30 5893 Ir	g. Trank Lontzer Statensh	
18. CAUSE DF DEATH [Enter only one cause pe	er line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebral hemor	rhage 1 month	ONSET AND DEATH
4 1- X OUE TO			
Conditions, if any, which (b)	Malignant hyp	ertension	about 3 m
gave rise to immediate cause (a), stating the OUE TO			months
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 203. ACCIDENT WAS UNDERLYING 1 20b. OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBUTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO TO
20a. ACCIDENT WAS UNCERLYING [] 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 1	the state of the s
3 20c. TIME OF INJURY Month, Day, Year 20d	. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (City, street, office bidg., etc.)	ounty) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi p.m. 19 at w	ILO TONOT WULLE ()	y, street, onice diog., etc.)	
21. I certify that (I) (this hospital) atter	nded the deceased from 1	2/1/65 19 to Jan. 1 19	66, that (I) (we) last
saw the deceased alive on Dec	27 19.65, and that	death occurred at 4. AM, from the causes and on	the date stated above.
22a SIGNATURE	4	ATTENDING MED STAFF	DATE SIGNED
226. PHYSICIAN'S	M.0		- 4, 1966
NAME (Type) W. H. She	alv M. D.	Sharpsburg, Md. 21782	/
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY		ounty) (State)
REMOVAL (Specify)	L. View ~	The contract of the contract o	ervl ind
24. FUNERAL DIRECTOR	ADORESS		R'S SIGNATURE
il et il			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

213	USION	UF	SIMILOTIONE	I/COLMI/OII	MITE	1/10	onda,	401	77.		1521	OH
7, €) <i>I</i> .		SIMIISIIONE		EDS		2476		gran in	m.	E 8.76	200
5 al	. 44			9	EK	1111	JAILE		F .	IJ.	CAI	н

Ų	J٢	n	EAIF	1				(/-	-0	13
	US	UAL F	RESIDENC	CE (Where	deceased	lived,	If institution:	Residence	before	admis
	2	STATI	F			- h	COUNTY			

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)			
ashington MARYLAND	a. STATE Maryland b. COUNTY Was	hington			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL				
onsboro 15 weeks	Willi cort	ni/			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE			
Reeder's Nursing Home	25 Shiget live.	ON A FARM?			
3 NAME OF First Middle	Last 4. DATE Month	Day Year			
(Type or print)	CHOSS DEATH TELL	10 1966			
	PATE OF BIDTH I G AGE (In years IEIINDER				
Male White WIDOWED DIVORCED	Dec. 13 1904 61 yrs. 0	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT			
lot s Car Min	Chestnut Grove Md.	OUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Charles Gross	Susan Myers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 25 Sunset Midress				
(Yes, no, or unknown) (If yes give war or dates of service)	. Clann Crass William nor	t Md.			
18. CAUSE OF DEATH [Enter only one cause per,line for (a), (b), and (c),]	()	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	is of Tiver.	ONSET AND DEATH			
IMMEDIATE CAUSE (a)	7 600	7			
Conditions, If any, which	√	,			
gave rise to immediate					
cause (a), stating the DUE TO underlying cause last.					
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
4		PERFORMED?			
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANTS OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)			
While Not while	ry, street, office bldg., etc.)				
p.m. 19 at work 1 at work	Oct 10 1965 to 40010, 19	a that (I) (we) last			
saw the deceased alive on School 19 ca, and tha	t death occurred at 3 AM, from the causes and on t				
22a. SIGNATURE		ATE SIGNED			
g/Mywar_ M.	D. PHYS. DIRECTOR PHYS.	10-66			
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1			
G.W. Levan	1 DOOMSTOTO, MI	θ .			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)			
12 1 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	ove Jemetery Locust Grove				
24. FUNERAL DIRECTOR ADDRESS	20 1000 67/ 1	'S SIGNATURE			
lbert L. 'illi nort	DAJAN 13 1906 & 2 2 4 4 1	-			

VR AIS 20M 1/ 5 (4) 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending any significan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

4

TE MESSIFIE DE ATTENDED FRYSKEIN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, 01425 CERTIFICATE OF DEATH	I , BALTIMORE 1, M/	ARYLAND
funeral 1 and 2	1.	a. CDUNTY	5 COUNTY	sidence before admission) hington
24 hours after filled in by the appers. Pages 1 n 72 hours after		b. CITY DR TDWN (If outside corporate limits, C. LENGTH DF STAY IN 1b C. CITY DR TDWN (If outside corpo	rate limits, write RURAL a	and give nearest town)
ours I in t S. P shoul	_	Hagerstown 1 week Rogal Blue I	Rid e Summit	
within 24 hours after letely filled in by the filled on papers. Pages 1 within 72 hours after		Washington County Hospital	/ / - /	e. IS RESIDENCE DN A FARM? YES ND
executed within an and completely fremove canon premay canon premay canon premay canon premay prinhitmin any events within	3.	NAME DF First Middle Last 4. DATE DECEASED (Type or print) Celia Guinan DEATH	Month Jan.	22 19 66
ted ted	5.	SEX 6. COLOR OR RACE 7 AMARRIED MENUER MARRIED 18. DATE OF BIRTH 19.	AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
xecu and emov		Female White WIDDWED DIVDRCED 6/10/1947	18 yrs.	Days Hours Min.
The law requires that the death certificate be executor attending physician. Sate has been signed by the attending physician and can use as the burial-transit permit. Then please remove alth prior to burial, cremation, or removal, and in any	1Da dur	a USUAL DCCUPATION (Give kind of work done iring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or Shelbyville Ind.	r foreign country) 12, C[]	UNTRY?
phy phy yeal, yeal,	13.	3. FATHER'S NAME 14. MDTHER'S MAIDEN NAME		
ding The remo	15	Lorne M. Guinan Helen Henry 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY ND. 17. INFORMANT	Address	
law requires that the death certifical rending physician. Has been signed by the attending phy as the burral-transit permit. Then phy as the burral-transit permit, or removal prior to burral, cremation, or removal	(Ŷĕ	(if yes give war or dates of service) No. Cinne, W. Giinan, 825		N.W.
the t pe		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH
an. an. 1 by ransi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive infarct right hemisphere		1_week
ysici gae ial-t		DUE TD		
law requires that tatending physician. has been signed be as the burial-tran by prior to burial, cre		conditions, if any, which gave rise to immediate (b) Thrombosis right internal carotid as	rtery	l week
radin s be s the		cause (a), stating the underlying cause last. DUE TO (intracranial).		
he lay or atte ate ha use a aith pr	TION		TION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	FICA	? Patient was mentally retarded. 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Par	t Lar Part II of Item 18	YES ND
PHYSICIAN: The the hospital or a this certificate detached for use to Dept. of Health	L CERTIFICATION			
oing PHY of by the Affer thi d be deta state De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work	(Gour	
OR ATTENDING IN the Country of the retained by the DIRECTOR: After Reg B 3 should be used with the State		21. I certify that (I) (this hospital) attended the deceased from January 16, 19 66, to	<u>January 2119 6</u>	6, that (1) (we) last
CTO story	L	saw the deceased alive on January 21, 19.66, and that death occurred at 3. A.M. from 22a. SIGNATURE	n the causes and on th	e date stated above.
OR DIRE		ATTENDING MED. DIRECTOR DIRECTOR	STAFF /-	24-66
PITAL 4 may ERAL or, pa or, pa		22c. PHYSICIAN'S NAME (Type) A. F. Abdullah, M. D. 22d. ADDRESS 132 Nort	th Potomac St	•
Page FUN directs	238		ATTON (City, fown or cou	
5-5°	0.4	REMOVAL (Specify) Durial 1/24/66 St. Andrew's Wayn 4. FUNERAL DIRECTOR ADDRESS (25a. REC'D BY REGIST	esboro, Frank	klinCo., Pa.
VR A15 (4)	-	Maynesboro Pa. Waynesboro Pa. DAN 26 199	0001 0	
15M 4-64	-		- '- U	//



7 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
FOR STATE	01426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	() \$ 7 S ()
HEALTH DEPT:	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 17 a. COUNTY b. COUNTY c. STATE b. CO	institution: Residence before admission)
	Hospital to a	DUNTY
क्षेत्र द्वान	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	Washington write RURAL and give mearest town)
fun fun dez	b. CITY OR TOWN (if cutside corporate limits, write RURAL end, give nearest town) Aggerstown C. LENGTH OF STAY IN 1D C. CITY OR TOWN (if outside corporate limits, write RURAL end, give nearest town) Aggerstown	1: 1
the Separation of the Separati	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
leiay Cessary, Cessary, Page 5 may be State Department hours after death.	Eastern Metal Products 1 Park Lane R#3	YES NO W
and 3 to the funeral 3. Page 5 may be e State Department 2 hours after death.	DECEASED	onth Day Year
E015	(Type or print) Kovert Carroll Hager In DEATH Jan	mary 7 19 66
	1 last birthda	ars IF UNDER 1 YEAR IF UNDER 24 HRS.
CT CT	Time Wildowed Divorced Hugust 18, 1934 31 yrs	
ive Pai with with	during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	Machine Operator Metal Products Farmington Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
hours after tem 18. Gi ffice along ffice pages 1 and in any	Robert Carroll Hager Sr. Neva Bryner	
A ter Hilliand and and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Adv	dress
	(Yes, no, or unitown) (If yes give war or dates of service) 4/30/63 164-28-8106 Mrs. R. C. Hagers In. R # 3	Hagerstown, Md.
with penci siner emo	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
<u> </u>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Fractured skull	ONSET AND DEATH Sudden
"be executed "perform" in the Medical Example a burial-transit in cremation, or in the complete and the comp	9/23 DUE TO	
endicendi	Conditions, if any, which (b)	
ef M ef M a bu	cause (a), steting the C DUE TO	
Shor Word Chie rial,	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IIN PART 1(e) 19. WAS AUTOPSY
certificate should be execu- iting the word "pending" led to the Chief Medical E d be used as a burial-trans prior to burial, cremation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D Port 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D PORT 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert CAUSE OF DEATH.	PERFORMED?
to to to at the true of the tr	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part	ll of Item 18.)
	206. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING Part I or Pert CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert CAUSE OF DEATH.	at work.
EXAMINER: This certificate, wr iould be forware les. R: Page 3 shoul ignated agent,) (County) (State)
fer: icatr e fo e 3 d ag	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town factory, street, office bldg., etc.) 1:50 p.m. 1/7 1966 at work 20 at work 1 Factory Hagerst	own Wash. Md.
certific certific ould be es. R. Page ignated		nquiry 🔲, and In my opinion
the construction of the co	death resulted from: Natural causes 🔲, 🏄 cident 🔼, Suicide 🔲, Homicide 🔲, Undetermin	ned manner 🔲
S S S	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF	1/8/66 22. DATE SIGNED
MED Recut Page for y or if	ACTUAL SIGNATURE	
	EXAMINER'S Howard N. Weeks, M.D. Address (Street, city, town, or county)	Hagerstown, Md.
DEPUT please edirector. retained FUNER of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	
10 de la del	Surial H10/66 Bethel Cometery Farmin	
	24. FUNERAL DIRECTOR Was CONTROL STRAR 25b.	4
VR AISME (5) 5M 1/65	Rest Haven Funeral Chapel Hagerstown, Md. DATE AN 1 1 1956	Cherles Judge

VR A15 (4) 20M

Coffuin

Funeral

hagerstown.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death goathers be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director have 3 should be detached for use as the purishtrans; memit. Then please remove carbon pages. Pages 1 and 2

M DIVISION OF STATISTICAL R		PARTMENT OF H		RE 1. MARYLAND
_01428	CERTIFICAT			01285
PLACE DF DEATH a. COUNTY WAShington b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	MARYLAND , c. LENGTH OF STAY IN 1b	a. STATE	b. coun	titution: Residence before admission ITY Vashington ite RURAL and give nearest town
Hagerstown Md.	LUYES	Hagersto	wn Maryland	1 :/./
d. NAME OF HOSPITAL OR INSTITUTION (If no Western Maryland Sta		d. street address 454 Parl	k Place	e. IS RESIDENC ON A FARM? YES NO X
3. NAME OF First	Middle	Last 4	DATE Month	Day Year
(Type or print) CHRISTOP	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	#6 19 6 C IFUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Male Negro wind		1-29- /895	y & State, or foreign country	
during most or working life, even if retired)	rivate family	Millwood	, Va.	USA
Thamos Herbert		Lula	Banks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT CS. Lucy Joi	nes 454 Par	
S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Inj	ury in Part I or Part II o	YES NO
Hour a.m.	Od. INJURY OCCURRED 20e. PLA Thile Not While facto work at work	CE OF INJURY (Home, farm, ry, street, office bidg., etc.)		(County) (State)
21. I certify that (I) (this hospital) at saw the occased alive on 22a. SIGNORE 22a. SIGNORE 22c. PHYSICIAN'S NAME (Type)		ATTENDING - MED	M, from the causes	and on the date stated above 22b. DATE SIGNED 66
23a. BURIAL CREMATION, 23b. DATE THEREOF Burial 1.31-1.960	23c. NAME OF CEMETERY Rose Hill C	emetery	23d. LOCATION (City, to Hagerstown BY REGISTRAR) 25b. RE	Md.
John R Watson 7.	Hageistown Mi	A DATE	D 1 4000	Malia la audal
			D T 1900	4 0

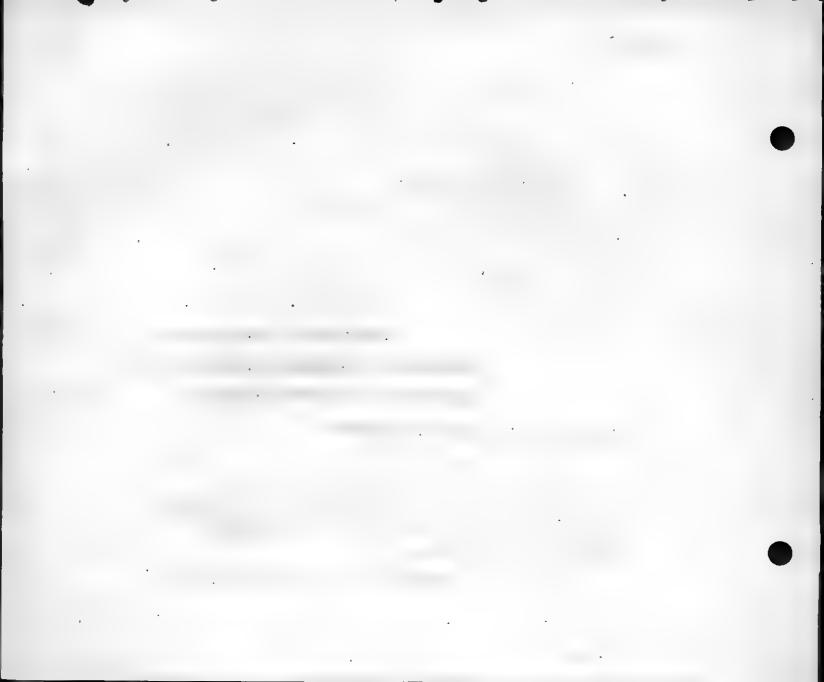
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
. 0		RTIFICATE O		SIREEI, BALIIMORE I, M	11383			
1.	PLACE OF DEATH a. COUNTY Washington	MARYLAND	a. STATE Mary	Where deceased lived, If institution: Ro land b. COUNT(Va.St) side corporate limits, write RURAL	nington			
	write RURAL and give nearest town)	years c. C	Hager					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	a street address) d. S	STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
-	estern Maryland State Hosp			wey Ave.	YES NO			
3.	DECEASED /// O C / -	iddle EE HI	Last 4.	DATE Month DF DEATH / - /5	Day Year 1966			
1Da	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS	DIVORCED 4-9	ATE OF BIRTH 7 - 1892 BIRTHPLACE (Count)	9. AGE (In years IF UNDER last birthday) 3	Days Hours Min.			
	Ing most of working life, even if retired) iNDUSTRY HOUSE WIFE OWN H			sville, Va.	UNTRY?			
13.	FATHER'S NAME	14.	MOTHER'S MAIDEN	NAME				
_	Rowland Redwine			Jordon				
15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC NO. or unknown) (If yes give war or dates of service)	James		on Sr. Hagerst	town, Md.			
	18. CAUSE DF DEATH [Enter only one cause per line for (a),			1	INTERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	LOBUL	AR PHEC	IMONIA-	ONSET AND DEATH			
	Conditions, if any, which) DUE TO CEREBA	EAL YHRON	MBOSIS R	TI HIMIPUEGIA	1 MONTH			
	gava rise to Immediate			,	1111 4 4 4			
		IZED ARI			9EM28			
CERTIFICATION	PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ON AGRATA			19. WAS AUTOPSY PERFORMED? YES NO			
	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY DCCURRED.	. (Enter nature of In)	ury in Part I or Part II of Item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While Not W p.m. 19 at work at work	hile factory, stre	INJURY (Home, farm, eet, office bldg., etc.)	20f. (City or town) (Cou	nty) (State)			
2	21. I certify that (I) (this hospital) attended the de	ceased from 12	-13 -, 196	5, to UAN 15, 196	that (I) (we) last			
-	saw the deceased alive on /-/5 - 19	66, and that deat	th occurred at/2.	AM, from the causes and on the	he date stated above.			
	22a. SIGNATURE / Lame	M.D. AT	TTENDING MEE		ATE SIGNED			
	22c. PHYSICIAN'S NAME (Type) EFREN A- RAM!		ADDRESS 15	THE MOSE,				
23a		ME OF CEMETERY OR C	REMATORY	23d. LOCATION (City, town or col	unty) (State)			
		Haven Cem	netery	Hagerstown,	Md .			
24	. FUNERAL DIRECTOR ADI	DRESS	25a. REC'D	BY REGISTRAR 256. REGISTRAR				

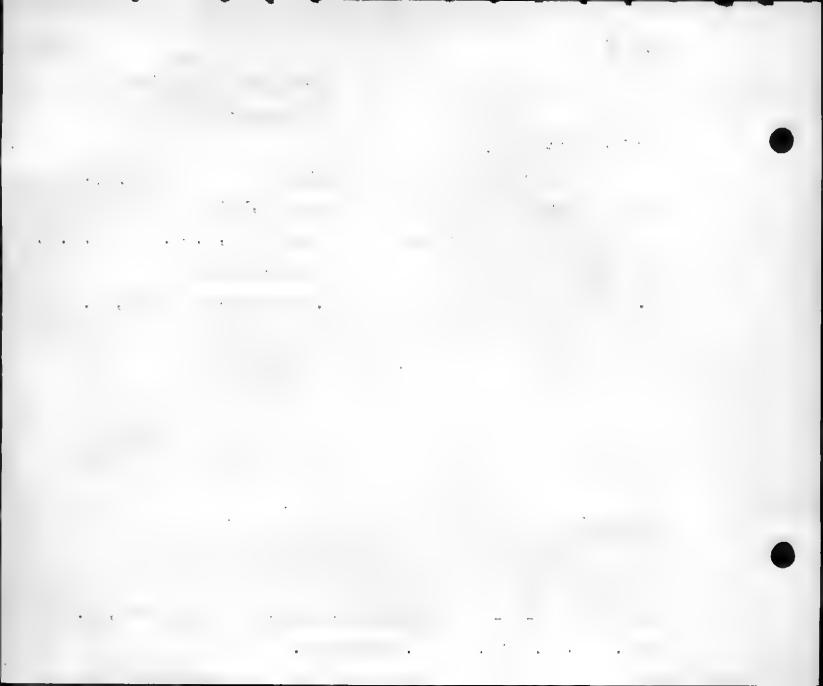
25a. DATE

Hagerstown

VR AI5 (4) 20M 1/65

Minnich & Son

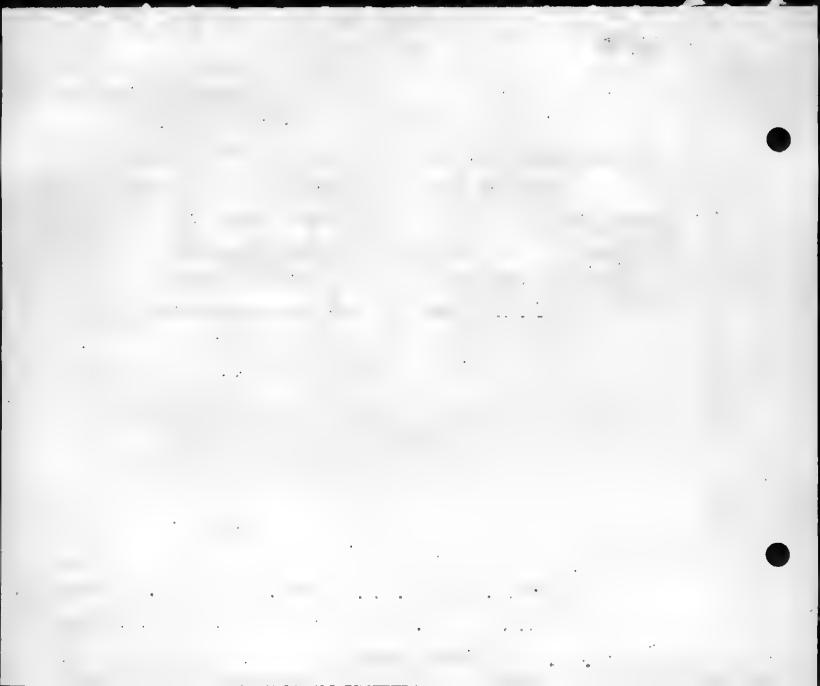




TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please random papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-			
1	i. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro	esidence before admission)
	Washing ToN MARYLAND	a. STATE b. COUNTY	himmer Tant
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give morrest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	
	Williamsport 2 2 Land.	HagersTown	11
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	Williamsport Sanitarium	465 n. PoTomac St.	YES ND
3	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
1_	(Type or print) ARAH ELIZABETH AU	mrieheuse DEATH / AMURYY 31	1966
5	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER: last birthday) Months	
1	Female White WIDOWED DIVORCED	10/45, 1880 85 yrs.	Days Hours Min.
d	IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired)		TIZEN OF WHAT UNTRY?
П	HOMEMAKER OWN HOME	Books boro md. 2	U.S.A
1	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
	John m. Baines	Susan Rench	
	15. WAS DECEASED EVER IN U.S. ARMED FDRGES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address 500	9 Kendell
	NO NONE	113 cheTh TV. Werth Wash	Natione
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	0,	INTERVAL BETWEEN
н	PART 1. DEATH WAS CAUSED BY: Cerebycel a	Auralian	ONSET AND DEATH
	IMMEDIATE CAUSE (a)		
ı	Conditions, If any, which	l ordermeller	arth
Н	gave rise to immediate		
	cause (a), stating the DUE TD		
Iz	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISCASE COMBITION OWEN IN DADT 1(a)	L19. WAS AUTDPSY
8710	PARTITION THER SIGNIFICANT CONDITIONS CONTRIBUTING TO BERTIN BOTTACI RELA	VED TO THE LEGINIANT DISEASE CONDITION PLACE IN LAWLE TO	PERFORMED?
2			YES NO
CEPTIEICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
19	2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. p.m. 19 at work at work	ry, street, office bldg., etc.)	
1.	21. I certify that (I) (this hospital) attended the deceased from	m 18 1958 took 51, 196	that (I) (we) last
Ł		t death occurred at 2 P. M, from the causes and on the	
	22a. SIGNATURE)		ATE SIGNED
	Lasvene Loadhak.	ATTENDING MED. STAFF 2/4,	1966
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) LAWRENCE L. PACKER JR. M.D.	145 W. WASHINGTON ST. HAGER	RSTOWN, MD.
2	38. BURIAL, CREMATION, 236. DATE THEREDE 23c. NAME DE CEMETERY	OR CREMATORY 23d. LDCATION (City, town or cou	nty) (State)
	REMOVAL (Specify)	EMETERY HAGERSTOWN. MARY	YLAND
	24. JUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
1	Staller Kauser HAGERSTOWN MARYLAND	MEEB 8 1900 1906	a Judas
9 %	A STATE OF THE PROPERTY OF THE	1 1101 5	T. B. W. D. T.



cessary, e funeral 5 may be O DEPUTY MET. EXAMILE. This certificate should be elecuted within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY WEE

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages X and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death, VR AISME (5) SM 1/65

2

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	01433	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	111386
	1. PLACE OF BEAT a, COUNTY	R			(Where deceased lived, If institution	: Residence before admission)
	Washing	ton	MARYLAND	a. STATE Maryland	b. county Washir	ngton
ľ	b. CITY OR TOW	(N (if outside corporate limits, end give neerst town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporete limits, write RUR	AL end give nearest town)
			Ti fe	Hagerston	m	*, *
	d. NAME OF HO	SPITAL OR INSTITUTION (If not in hos)	pital, giva street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
	Washir	oton County Hos	ni tal	350 Dual I	Hishway	YES NO T
ľ	3. NAME OF DECEASED	First	Middle	Last	4. DATE Derruary	7 1 Pry 1885
L	(Type or print)	Mary Loui	se Joi	rdan	DEATH XXXXXX	19 KK
l	5. SEX	1 21 4 1	THE TEN HIMITATED PA	8. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month	ER 1 YEAR IF UNDER 24 HRS.
L	Female	White WIDOWED		Nov 20,65	yrs. I	22
ĺ	18a. USUAL OCCUPAT during most of work	ION (Give kind of work done 10b. Kini ing life, even if retired) IND	D OF BUSINESS OR USTRY		ate or foreign country) 12.	COUNTRY?
L	43 FRYINGIA MAN			Maryland		S.A.
l	13. FATHER'S NAM			14. MOTHER'S MAIDE		
ŀ		R. Jordan		Geraldine		
ĺ	(Yes, no, or unkown)	(If yes give war or dates of service)		INFORMANT	Addrass	
ŀ				Paul R. Joi	rdan Hag. Mo	1.6
l		DEATH (Enter only one couse per line EATH WAS CAUSED BY:		1 1 1	h	INTERVAL BETWEEN ONSET AND DEATH
l	()	IMMEDIATE CAUSE (a)	te Inters	titial o	mermon 1412	12-24 (1)
l	Conditions 16	DUE TO				
l	Conditions, if gava risa to	immediate (B)				
l	cause (e), s	_				
l	underlying caus	SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 16	a) 19. WAS AUTOPSY
ı	ATIO					PERFORMED?
	20a. EXTERNA	L CAUSE WAS 20b. DES	SCRIBE HOW INJURY OCCI	JRRED, (Enter nature of	injury in Part I or Part II of Item	
l	PART II. OTHERS 20a. EXTERNA PRIMARY [] or CAUSE OF DEAT 20c. TIME OF Hour a.r	CONTRIBUTING []				
l	20c. TIME OF	INJURY Month, Day, Year 20d. INJU	URY OCCURRED 206, PLA	CE OF INJURY (Home, far	m, 20f. (City or town) ((County) (State)
ı	Hour a.r	144110	Not While A racto	ry, street, office bldg., etc	G. }	
l		that I took charge of the remain		ld an Autopsy X	Inspection , Inquiry ×	and in my opinion
l	death result			icide . Homicid		
ı			h //	CHIEF MEDICAL	EXAMINER [
l	ACTUAL SIGNATURE	church with	18 a III,	M,D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
l	EXAMINER'S	Edward W. Ditto II	r M.D.	DEPUTY MEDICA	L EXAMINER Hag.,	M/12/66
ŀ	NAME (Type)				city, (own, or county)	
1	Burial Crew Burial Sp	n million	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	
-	DUI'L AL.		Shanktown	1 25a. REC'		ryland AR'S SIGNATURE
-	TOTAL DIKE	1 1 16	learspring,	Ma JAN	17 1968	A A Standard
D	/imala	it Humson.	TOUT DITTING	TACE DATE	1000	11 1





and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tille deatiff certificate be exaculled within 24 hours after lleath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furector, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

١	MARG CERTIFI	CATE OF DEATH
	i. Place of Death Washington Mary	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Mary Eand Freuerick
	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY W. Life	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street as Washington Co. Hospital	ddress) d. Street address e. is residence on a farm? YES NO
	3. NAME OF First Middle (Type or print) Harvey R. Kline	Last 4. DATE Month Day Year DF Jan. 16 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCES	July 24,1895 70 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done ducing most of working life, even if retired) Machinist Jamison Colo	COUNTRY?
	George Kline	Laura Dupel
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 213-18-074.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: TERMINAL IMMEDIATE CAUSE (a)	Preumenia Interval Between Onset and Death 2 days
	conditions, If any, which DUE TO DEMERALIZ	ed Abdominal CARCIMOMATOSIS THE
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Adeno CARCI	nomA of Rectum (Removed 1) 1/2 4R+
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO X
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at work at work at work	20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
l	21. I certify that (I) (this hospital) attended the deceased f	rom A DRIL 20, 1965, to TAN. 16, 1966, that (1) (we) last and that death occurred at 7.55AM, from the causes and on the date stated above.
	Scharl J. Lawer	M.D. ATTENDING MED. DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIRECTOR DIFFERENCE DIFFERENCE DIRECTOR DIFFERENCE DIFFER
	28c. PHYSICIAN'S RICHARD V. HAUL	IER HAGERSTOWN, Md
	REMOVAL (Specify) //20/66 Luth	EMETERY OR CREMATORY 23d. LOCATION (City town or county) (State)
1	Gladhill Co. Middletown, Md.	DATE N 20 1966 for Complex Judge



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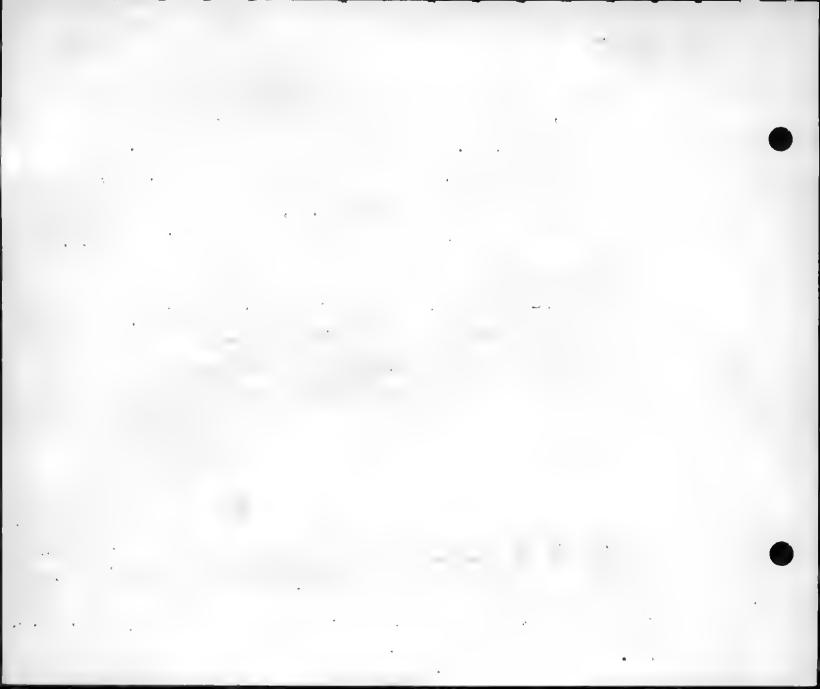
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

41900

	07391		CERTIFICATI	OF DEATH		
1.	PLACE OF DEAT a. COUNTY	TH			(Where deceased lived, If institution: Re	esidence before admission)
		ington	MARYLAND	a. STATE Marylan	d "ashing	ton
	b. CITY OR TOV	ing ton WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Ou	itside corporate limits, write RURAL	and give nearest town)
	Write RURAL	L and give nearest town)	68 yrs	Smithsbu	rg. R # 2	
	Sr.ithsh	SPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	16, 11, 2	e. IS RESIDENCE
			,			ON A FARM?
_		Chewsville, Ad.		·	wsville, ad.	YES K NO
3.	NAME OF OECEASED	First	Middle		4. DATE Month	Day Year
	(Type or print)		ANCHTON	KOOGLE	DEATH Jan. 9,	
5.	SEX	6. COLOR OR RACE 7. MARRIED	HEVER WARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	Male	White WIDOWED		ov. 8, 187	5 90 yrs.	
			IND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & State, or foreign country) 12. Cl	TIZEN OF WHAT
	Farme		Retired	Myersvill	e Frederick Co	U.S.A
13.	. FATHER'S NAM	ME		14. MOTHER'S MAIDE		
	Jaco	ob Koogle		harr Po	ffenberger	
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(44		(If yes give war or dates of service)	and all cooplid	La Egna I.	Koogle, Smithsb	urg. R #2
-	NO L 18 CAUSE OF	DEATH [Enter only one cause per			wsville, l.d.	INTERVAL BETWEEN
		EATH WAS CAUSED BY: MA	ocardo a	Failux	0	ONSET AND DEATH
	1111	IMMEDIATE CAUSE (a)	0 0 0 100 4	/ 41	-	70071
	7 Conditions 15	DUE TO D	Auto	ru Deal	DCF	12 11 15.
	Cenditions, If gave rise to	immediate	1210 1210	17 (21300		7 .
	cause (a),	stating the DUE TO	1 1 1 1	P		2 mls
z	underlying cau	ISE TAST. (C) ///	UTINOTO DELTU DUT NOTO CI A	Y & COMMANDIA	SEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
2	PARTIL OTHER	SIGNIFICANT CONDITIONS CONTRIB	DIING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DIS	SEASE COMBITION GIVEN IN TAKE 1(0)	PERFORMED?
FIC.						YES NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	T WAS UNDERLYING [] 20b. TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of I	njury in Part I or Part II of Item 18.)
	(IF EITHER, NO					
MEDICAL			NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm ry, street, office bldg., etc.	n, 20f. (City or town) (Cou	nty) (State)
9	Hour a.	.m. 19 at wor	ייין אוווא זטאן ייין	. 7 00 0 0 1 0 1 0 0 0		
	21. L certi	Ify that (I) (this hospital) attend		2 - / 19	16 to 1- 7 19:00	hat (1) (we) last
		eceased alive on / = /		death occurred at	M, from the causes and on the	
	22a. SIGNATI					ATE SIGNED
	1 (ch	arles to He	M.D	ATTENDING MI	ED. STAFF PHYS. /-	10 66
	22c. PHYSICI NAME (1	IAN'S		22d ADDRESS	1 20//	Panl
	MADRIE (1	() pe)		DMITHS	Dury Mush.	4/10
23	a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	inty) (State)
	Buris	1 1/13/66	Sulthshure C	Sevetery	Smithahurr "a	sh. Co Ma
24	. FUNERAL DIR	ECTOR	ADDRESS	25a. REC'I		
1	x d	offens Funeral	Hawa Tara	N Astan	13 1988 Allenil	1 widge

Coffnin Funeral Hora, Inc.

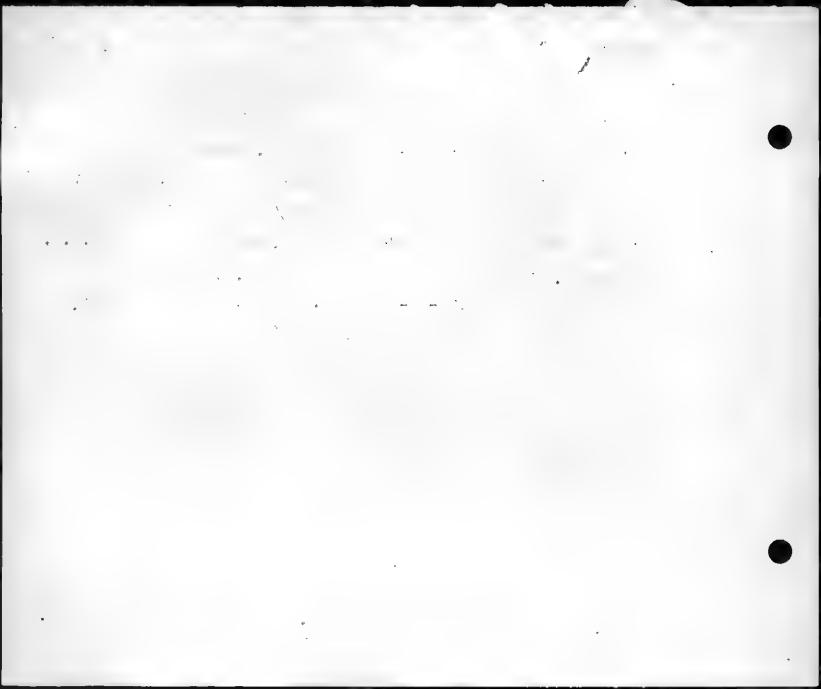


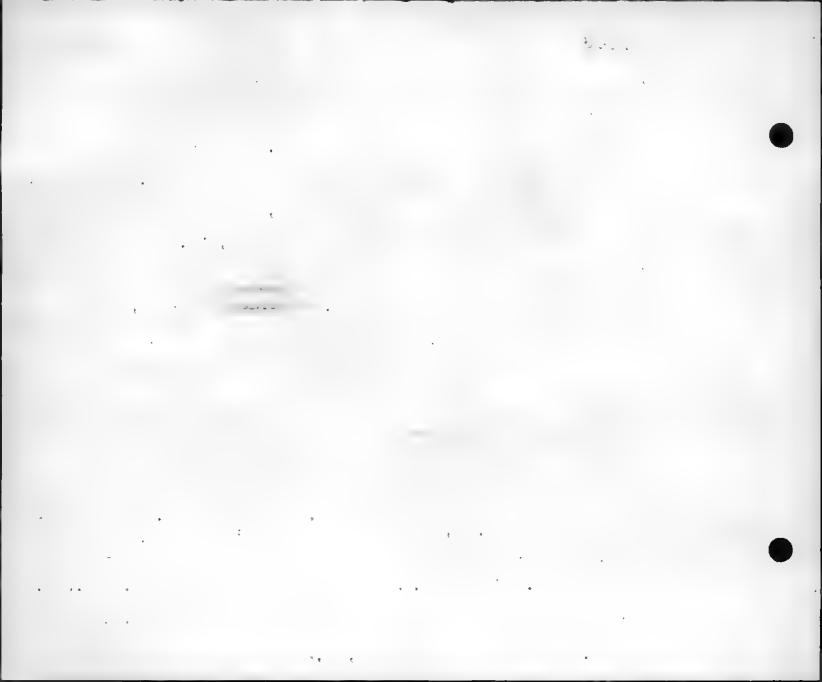
executed within 24 hours after death.

In FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NOTITAL OR ATTENDING PHYSICAN: The law requires that the Leath Dertificate Page 4 may be retained by the hospital or attending physician.

			MARYLAND ST	rate dep	ARTM	ENT OF I	HEALTH				
	DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	, MAI	RYLA	N
1	438		CERT	IFICATE	OF	DEATH			11 1	39	1

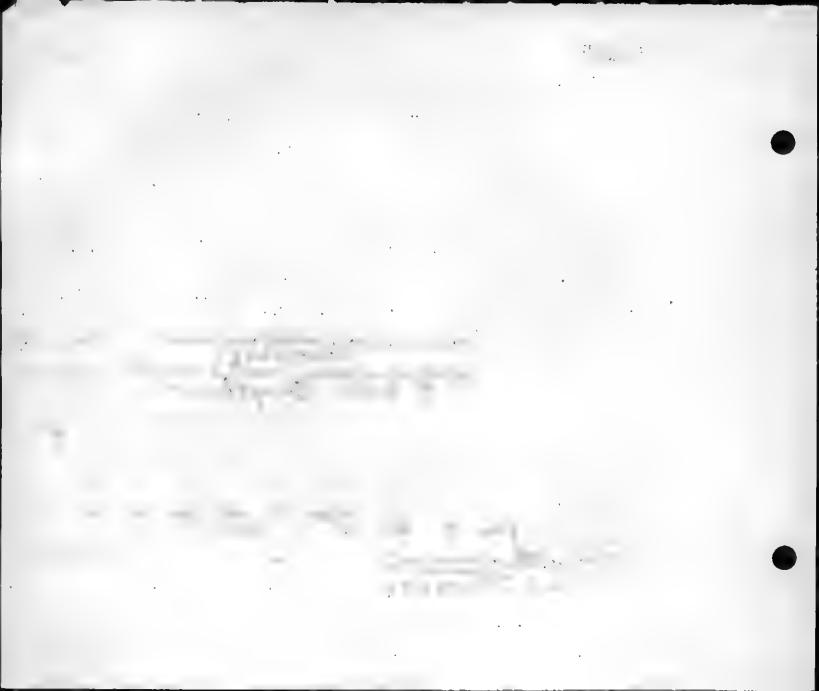
_01	01438 CERTIFICATE				OF DEATH				01391			
	CE OF DEATH OUNTY	VASHINGTO	N	MARYLAND		· OTATE	CE (Where deco			sidence before admission) SHINGTON		
	HAGERSTOWN LIFE					c. CITY OR TOWN (If outside corporate limits, write RUF HAGERSTOWN				1 1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL				s)	d. STREET ADDRESS 21 S. POTOMAC ST.				9. IS RESIDENCE ON A FARM? YES NO 1		
(Тур	EASED or print)	HERBE		Middle DALE		KR IDLER	4. DATE OF DEATH	JANU	ARY	16 19 66		
	ALE	6. CDLDR OR RACE WHITE	WIDOWED		8.	3/29/189	90	/ yrs.		Days Hours Min.		
1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life, even if refired TAN INDUSTRY ARRE MARYLAND 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY! A.								UNTRY A				
13. FATHER'S NAME HARVEY R. KRIDLER 14. MOTHER'S MAIDEN NAME IDA V. CHAPMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17, INFORMANT (Yes, no. N. Orkown) (If yes give war or dates of service) 220-09-702 MRS. RAVENNA KRIDLER MD.												
Con gav cau	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE ony, which immediate the bue	(a) 4 TD (b).	ine for (a), (b), and (c).1 2 ferio sc	lei	who here	e du	سودرس		INTERVAL BETWEEN DNSET AND DEATH		
PAR	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTÓPSY PERFORMED? YES NO NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MODICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
-1		NJURY Month, Day,		Not While far	LAC	E OF INJURY (Home, ta y, street, office bldg., e	arm, 20f. (City or town)	(Cou	nty) (State)		
222	21. I certify that (I) (this hospital) attended the deceased from 1/20, 1966, to 1/6, 1966, that (I) (we) last saw the deceased alive on 1/6 and that death occurred at 1/20 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) 1/2 / / / / / / / / / / / / / / / / / /											
R	BUR IA	Ty) 1/	THEREOF 19/66	ROSE HIL		CEM.	HA	GERSTOV	MN	MD.		
24. FU	THE	recent	theye	ADDRESS	1	DATA N	C'D BY REGIS			S SIGNATURE		

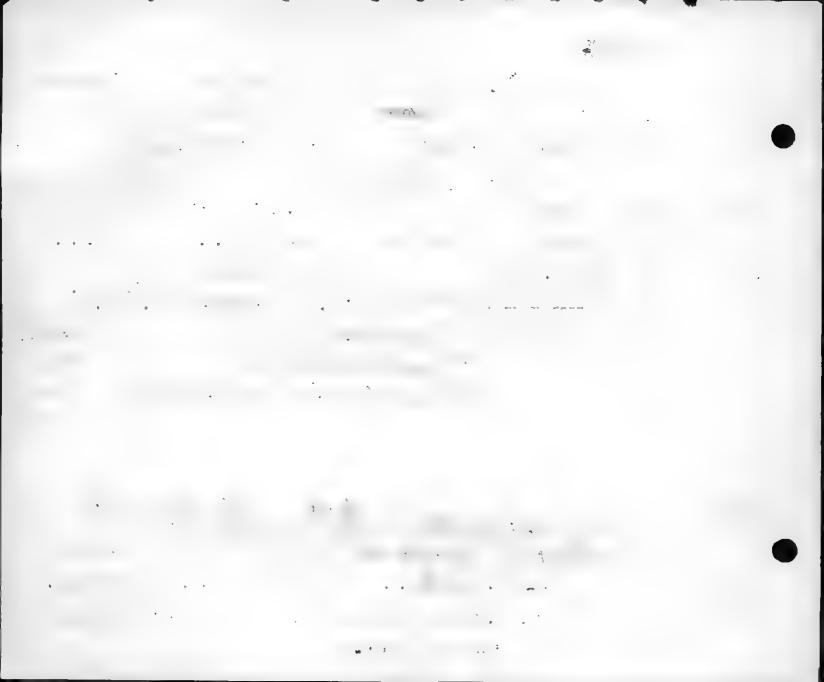




20M

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Washington the 1 es 1 fter c a_STATE Washington Maryland filled in by the papers. Pages in 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town) C. LENGTH GE STAY IN 1b Hagerstown 13 Years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 h d. STREET ADDRESS 446 Washington County Hospital N. Mulbery St. ithin etely carbon 3. NAME OF Middle Last DATE Month DECEASED OF DEATH event. comple (Type or print) Charles Haves Lone January 29, exacuted. 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min nd con 5. SEX DATE OF BIRTH iny Male White WIDOWED [DIVORCED [October 21,1906 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 9 during most of working life, even if retired) INDUSTRY Finished Assembly Meta 1 Middletown, Md. nding Blys.
Then pile c_rtificat_ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending semit. Then Walter Long Lucy Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) No. 220-09-9362 Mrs. Mary H. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ‡ been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last, has ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT for use Health certificate CERTIFICAT PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING oţ, r this certi OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.) Hour b.m. While Not While After Id be d þ be Stat p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from the FUNERAL DIRECTOR: saw the deceased alive on and that death occurred at 3 sho 22a. SIGNATURE page

446 N. AddMilberry St. Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH 19 WAS AUTOPSY PERFORMED? ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20f. (City or town) (County) (State) M. from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF M.D. DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) DATE THEREOF (State) Burial 1- 31- 66 Boonsboro Cemetery Boonsboro, Md. 25a. REC'D BY REGISTRAR | 25b., REGISTRAR'S, SIGNATURE FUNERAL DIRECTOR ADDRESS 24. melianes udge Boonsboro Md Tour 1966 John H. Bast. Jr. 112 N. Main S.

B. IS RESIDENCE ON A FARM?

NO X

66 19

YES

Hours

Day

Days

12. CITIZEN OF WHAT

U. S. A.

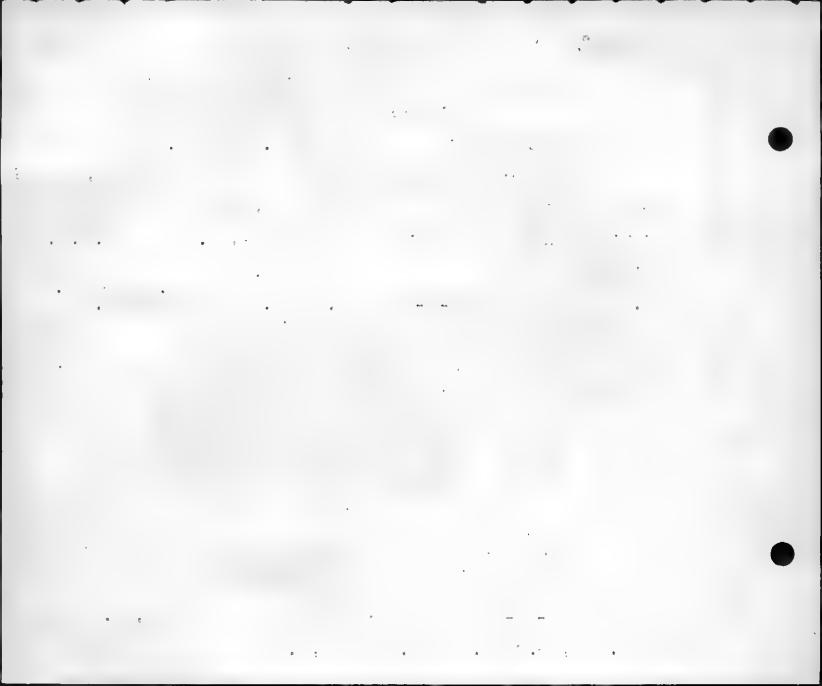
COUNTRY?

Months I

VR AI5 (4) STAME OF THE OWNER, WHEN 1/65

TO FUNERAL director, p

Page 4 may





CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissive a. STATE b. COUNTY WASHINGTON MARYLAND D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) ALICE WILLAND I. BIRTHPLACE (County & State, or foreign country) I. MOTHER'S MAID EATH COUNTRY? WASHINGTON CO., MARYLAND WASHINGTON CO., MARYLAND NONE ALICE WILLARD I. MOTHER'S MAID EATH COUNTRY? INDUSTRY WASHINGTON CO., MARYLAND HAGERSTOWN Months Days HOUTS MINUSTRY WASHINGTON CO., MARYLAND WASHINGTON CO., MARYLAND WASHINGTON CO., MARYLAND I. MOTHER'S MAID EATH COUNTRY AND DEATH COUNTRY AND DEATH COUNTRY AND DEATH COUNTRY AND DEATH COUNTRY AN	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
a. STATE ASHINGTON WASHINGTON D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. LENGTH OF STAY IN 1D C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. LENGTH OF STAY IN 1D C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. LENGTH OF STAY IN 1D C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN ANAME OF PRINTING INSTITUTION (if not in hospital, give street address) GARLOCK CONV. HOME 1.5. NAME OF FIRST MIDDIEST STATE MIDDIEST STATE MONTH Day Year MARKER MARKER MONTH Day Year MARKER MONTH DAY MARKER MONTH DAY PEATH JANUARY 19 66 COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 9, 1875 DAYS MONTHS DAYS MONTHS MONTHS 103. USUAL DECUPATION (Give kind of work done low of working life, even if retired) OWNER 13. FATHER'S NAME ALLISON L. HARBAUGH 14. MOTHER'S MAIDEN NAME ALLISON L. HARBAUGH ALICE WILLARD 15. WAS DECEASED EVER INUS. ARMED FERGES? (Yes, no, or unknown) (Hyes give war or dates of service) NONE 18. CAUSE DF DEATH LENTER ONly one cause per line for (a), (b), and (c).1						
WASHINGTON D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN D. STREET ADDRESS I. STREET ADDRESS HOUSE DREAD AND ARKER DEATH JANUARY DAY	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) GARLOCK CONV. HOME 3. NAME OF DECEASED (Type or print) FIRST MIDDER MARKER (DEATH JANUARY 19 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 9, 1875 DIVORCED NOV. 9, 1875 NOV. 9, 1875 DIVORCED NOV. 1875 DIVORCED NOV. 1875 DIVORCED NOV. 1875 DIVORCED NOV. 1875 DIVOR	WASHINGTON MARYLAND					
HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) GARLOCK CONV. HOME 3. NAME OF DECEASED (Type or print) ROSA MYRTLE MARKER MARKER MARKER MARKER MARKER MARKER MOITH P. AGE (in years lif under 1 year lif under 2	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)				
GARLOCK CONV. HOME 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 9, 1875 100. USUAL DCCUPATION (Give kind of work done INDUSTRY OWNER) 100. USUAL DCCUPATION (Give kind of work done INDUSTRY GROCERY STORE) 101. BIRTHPLACE (County & Statz, or foreign country) 102. CITIZEN OF WHAT COUNTRY? WASHINGTON CO., MARYLAND 103. MARYLAND 104. MOTHER'S MAIDEN NAME ALLISON L. HARBAUGH 105. WAS DECEASED EVER IN U. S. ARMED FDRGES? (Yes, no, or unkown) (If yes give war or dates of service) NONE 106. Day Year Month Day Year MARKER 9. AGE (In years FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HI 105. DAYS DECEASED EVER IN U. S. ARMED FDRGES? 106. SDCIAL SECURITY ND. 107. INFORMANT 108. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	HAGERSTOWN 2 YRS. 3MOS.					
3. NAME OF DECEASED DECEASED OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) ROSA MYRTLE MARKER DEATH JANUARY 19 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 9, 1875 9. ACE (In years if UNDER 1 YEAR IF UNDER 24 HI last birthday) Months Days Hours Mir PEMALE WHITE WIDOWED DIVORCED NOV. 9, 1875 90 yrs. 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY OWNER GROCERY STORE WASHINGTON CO., MARYLAND U.S.A. 13. FATHER'S NAME ALLISON I. HARBAUGH ALICE WILLARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) NONE MRS. ELVA HINES 100 DEVONSHIRE RD. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		ON A FARM?				
DECEASED (Type or print) ROSA MYRTLE MARKER S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH FEMALE WHITE WIDOWED NOV. 9, 1875 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) OWNER 13. FATHER'S NAME ALLISON L. HARBAUGH 15. WAS DECEASED EVER IN U. S. ARMED FDRGES? (Yes, no, or unkown) (If yes give war or dates of service) NOV. 9, 1875 11. BIRTHPLACE (County & State, or foreign country) WASHINGTON CO., MARYLAND 12. CITIZEN OF WHAT COUNTRY? COUNTRY? WASHINGTON CO., MARYLAND 14. MOTHER'S MAIDEN NAME ALICE WILLARD 15. WAS DECEASED EVER IN U. S. ARMED FDRGES? (Yes, no, or unkown) (If yes give war or dates of service) NO						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOV. 9, 1875 103. USUALDCCUPATION (GIVE kind of work done during most of working life, even if retired) OWNER 103. FATHER'S NAME ALTISON L. HARBAUGH 15. WAS DECEASED EVER IN U.S. ARMED FDRGES? (Yes, no, or unknown) (If yes give war or dates of service) NOV. 9, 1875 10. USUALDCCUPATION (GIVE kind of work done industry of units) 10. LISON L. HARBAUGH ALTISON L. HARBAUGH 14. MOTHER'S MAIDEN NAME ALTISON L. HARBAUGH 15. WAS DECEASED EVER IN U.S. ARMED FDRGES? (Yes, no, or unknown) (If yes give war or dates of service) NO NONE MRS. ELVA HINES 100 DEVONSHIRE RD. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	DECEASED	ŮF.				
FEMALE WHITE WIDOWED DIVDRCED NOV. 9, 1875 90 yrs. 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) OWNER 10b. KIND OF BUSINESS DR INDUSTRY GROCERY STORE WASHINGTON CO., MARYLAND 11c. BIRTHPLACE (County & State, or foreign country) WASHINGTON CO., MARYLAND 12c. CITIZEN OF WHAT CDUNTRY? WASHINGTON CO., MARYLAND 14c. MOTHER'S MAIDEN NAME ALLISON L. HARBAUGH ALICE WILLARD 15c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO NO NO NO NO NO NO NO NO N		8 DATE DE RIDTH 19 ACE (IN YEAR LIFTINDER 1 YEAR HE LINDER 24 HRS.				
OWNER INDUSTRY OWNER GROCERY STORE WASHINGTON CO., MARYLAND 13. FATHER'S NAME ALLISON L. HARBAUGH STORE ALLISON L. HARBAUGH 14. MOTHER'S MAIDEN NAME ALLISON L. HARBAUGH ALICE WILLARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) NO NO NO NO NO NO NO NO NO N	The state of the s	NOV. 9, 1875 90 yrs. Months Days Hours Min.				
OWNER GROCERY STORE WASHINGTON CO., MARYLAND 13. FATHER'S NAME ALIISON L. HARBAUGH Standard Stand	10a. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	CDUNTRY?				
ALIISON L. HARBAUGH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO NO NO NO NO NO NO NO NO N	OWNER GROCERY STORE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO NOE MRS. ELVA HINES 100 DEVONSHIRE RD. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]						
(Yes, no, or unknown) (If yes give war or dates of service) NO NOE NOE NONE MRS. ELVA HINES 100 DEVONSHIRE RD. INTERVAL BETWEE INTERVAL BETWEE ONSET AND DEATH						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Yes, no, or unkown) (If yes give war or dates of service)	•				
I DNSFT AND DEATH) INTERVAL BETWEEN				
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease 5 years	PART I, DEATH WAS CAUSED BY:					
4200 DUE TD	4200 DUE TO	icari ursease				
Conditions, If any, which) (b) Senility	Conditions, If any, which) (b) Senility					
gave rise to Immediate Cause (a), stating the DUE TO	cause (a), stating the DUE TO					
underlying cause last.) (c)		ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY				
PERFORMED	THE THE COUNTY OF THE COUNTY O	PERFORMED?				
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCL					
factory street office high etc.)	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Hour a.m. While Not While at work at work	p.m. 19 While Not While					
		uly 10,, 1965, to Jan. 19, , 1966, that (1) (we) last				
saw the deceased alive bnOct. 25, 1965, and that death occurred 2:10 M, from the causes and on the date stated about 22a, SIGNATURE		t death occurred 110 M, from the causes and on the date stated above.				
ATTENDING MED. STAFF 1/21/1066	- 1 /a/a/W M	ATTENDING THE MED. THE STAFF THE A LOCAL LAGGE				
22c. PHYSICIAN'S 22d. ADDRESS	22c. PHYSICIAN'S					
NAME (Type) EDWARD W. DITTO JR. M.D. 215 W. WASHINGTON ST. HAGERSTOWN, MD.	EDWARD W. DITTO JR. M.D.	215 W. WASHINGTON ST. HAGERSTOWN, MD.				
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) JAN. 22.1966 REST HAVEN CEMETERY HAGERSTOWN. MARYLAND						
BURTAL JAN. 22,1966 REST HAVEN CEMETERY HAGERSTOWN, MARYLAND ADDRESS 25a, REG'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE						
Charles m Leusse HAGERSTOWN, MARYLAND DATE 1906		1/81 1 = 10 30				

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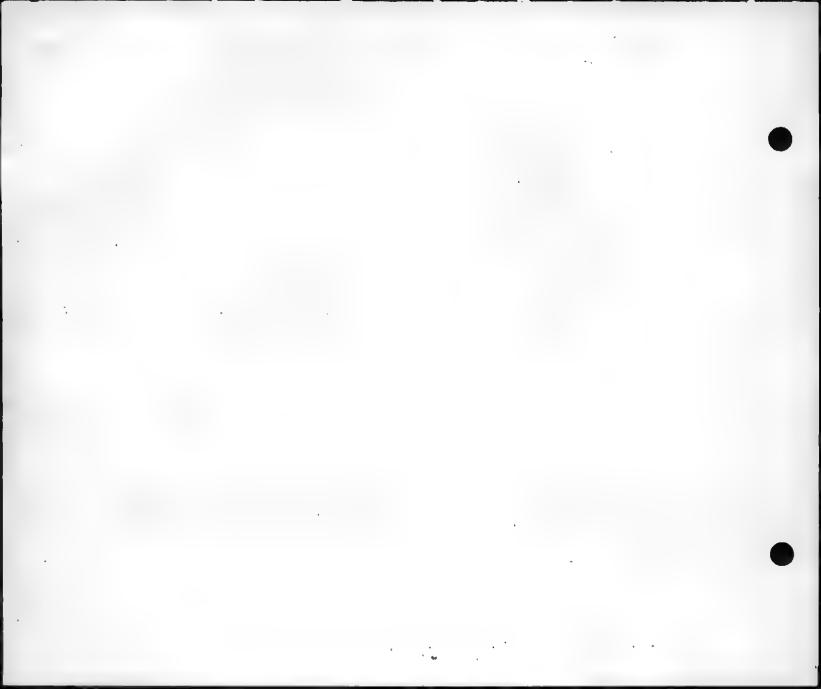


elecuted within 24 hours after death. funeral 100 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0	1445em#2d Film#G373 2/1 / CERTIFICAT	E_OF_DEATH	01398		
1	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a, STATE b. COUNTY	sidence before admission)		
		shingt n MARYLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL			
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
1		H. erstovn 103 Hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Hagerstown	2/ /		
1			d. STREET ADDRESS R.D. #L	e. IS RESIDENCE ON A FARM?		
i .		Washington County Hospital	Berteney/ /Conny Hone	YES NO KIK		
	3.	DECEASED	Last 4. DATE Month	Day Year		
	-			366 19		
1	5.	7. WARRIED HETER WARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	Days Hours Min.		
1			Feby 24 1894 71 7/7/ yrs. Months			
١	10a dur	USUAL OCCUPATION (Give kind of work done lob, KIND OF BUSINESS OR INDUSTRY	CO	TIZEN OF WHAT UNTRY?		
		Housewife Own Home	Hagerstown Wash Co Md.	USA		
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		Albert Startzmen	Ida Ziumerman			
	15. (Ye	s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address			
]			erstown		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Fairvie:7	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WETT STATE CARROLL					
١		DUE TO	5	7		
1	gave rise to Immediate (b)					
1	cause (a), stating the DUE TO					
	z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TENNING DIGERED CONDUCTION OF THE PART 1/A)	119. WAS AUTOPSY		
	E I			PERFORMED?		
٦	읩	TRETERIOS L'ELETTE HEART DISEASE.	URRED. (Enter nature of Injury In Part or Part of Item 18.	YES NO		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UKKED, LENTER NATURA OF INJURY IN PART I OF PART II OF HEM 16.	_		
	WEDICAL	facts	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bldg., etc.)	nty) (State)		
	9	Hour a.m. While Not While p.m. 19 at work at work	007,1 8.0 0 0.1 0.1 10 0.1 10 E. 10 0.0 10 10 10 10 10 10 10 10 10 10 10 10 10			
	_	21. I certify that (I) (this hospital) attended the deceased from	23 Jan. 1965 to 22 Jing - 1960			
-		saw the deceased/alive on 22 3 to 1966, and tha	t death occurred at 523 M, from the causes and on th			
ı		22a. SIGNATURE		ATE SIGNED		
		IM Run Ly Cu		Mr. 66		
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 218 N. Poromas Sy. Hacesure	www Was.		
-	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER				
	238	REMOVAL (Spinify)	Harramatan	Wash Co		
1	24	. EUNERAL DIRECTOR ADDRESS	Cenetery 1135 PEGISTRAR 25b. REGISTRAR	S SIGNATURE		
	A	KK COTTINEN BUNGARD HOME TAKE	711100			
3		Haberstown Mary	rland DATETI & U 1500 p. some	a Judge		

VR AI5 (4) 20M I/65 5



executed within 24 hours after death.

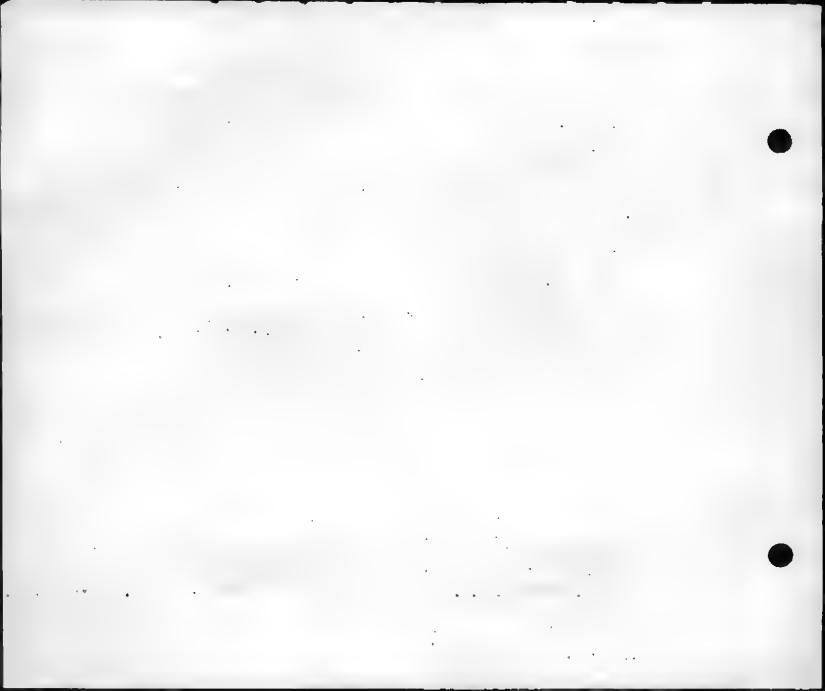
TO FUNERAL DIRECTOR: After this cartificate has been signed by the "timiling missician and commiletely filled in by the funeral director, page 3 should be metached for use as the murial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOREITAL OR RITERING PRYSICAN: The law requires that the death certifical Page 4 may be retained by the haspital or attending physician.

BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 2120

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION O	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	
01446	CERTIFICATE OF DEATH	0123

-					Tracio er
1.	PLACE OF DEATH a. COUNTY			(Where deceased lived, If Institution: R	esidence before admission)
	" shington	MARYLAND	Maryland	Washington	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 15		Itside corporate limits, write RURAL	and give nearest town)
		- meeks	Harana	torm	,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g)		Hagers	3 (0 *11	e. IS RESIDENCE
					ON A FARM?
_	" shington County Hespit			rootah Ave	YES NO 2
3.	NAME OF FIRST	Middle	Last	4. DATE Month	Day Year
	(Type or print) EDNA PEARL	L.CDER.OT		DEATH January 37	19669
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED [8	B. DATE OF BIRTH	9. AGE (in years IFUNDER	
	Femile "hite WIDOWED	DIVORCED	ept 21 188	8 77 yrs. Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	JSINESS OR	11. BIRTHPLACE (Coun	nty & State, or foreign country) 12, Cl	TIZEN OF WHAT
uui	ring most of working life, even if retired) INDUSTRY HOusewife Own H	lome	Tilliamspo	rt Wash Co	UNTRY? USA
13	FATHER'S NAME	Още	14. MOTHER'S MAIDEN		UNE
	Thomas J. Gardner				
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI	FCURITY NO. 1.17	Alice	E. Hoover	
(Y	es, no, or unkown) (If yes give war or dates of service)				
_	No Non		Carmen Le	yers 735 Daycot	
	18. CAUSE DF DEATH [Enter only one cause per line for (a)	(b), and (c).	, // Hager	storn - d.	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	E & Cleven		initis	Zhu,
	443 X DUE TO //			1/ . 1	> 1/4/4 m
	Conditions, If any, which } (b) Agrees	we and l	Marcestu	Heart Broase	2.900 -
	gave rise to Immediate cause (a), stating the DUE TO				
	underlying cause last. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Ę					PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INDER OCCU	IDDED (Enter nature of In	nlury in Part I or Part II of Item 18.	
ER	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW HADON I COO	KKED. (Enter nature of h	injury in rail 1 of rail 11 of Hem 10.	,
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC.	factor	CE OF INJURY (Home, farm ry, street, office bldg., etc.	(Cou	nty) (State)
MEC	p.m. 19 While Not i	While —		1 / 22 /	/
	21. I certify that (I) (this hospital) attended the de	eceased from	april 194	9 to Kn -/ 1906	2. that (I) (we) last
			death occurred at_7	M, from the causes and on the	e date stated above.
	22a. SIGNATURE		-		YE SIGNED
	Hu SO X (Woleway	M.D	ATTENDING ME	ED. STAFF RECTOR PHYS.	28/66
	22c. PHYSICIAN'S/		22d. ADDRESS		
	Philip J. Hirshman, M.D.		159 West	Washington St. Ha	gerstown Md.
23:	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	IAME OF CEMETERY		23d. LOCATION (City, town or cou	
	REMOVAL (Specify)		7.7	ne.	
24	Euril H-31-33 Rose Rose Rose Rose Rose Rose Rose Rose	<u>vill Ce</u>	netery na.	Berstown Wash Coby REGISTRAR!	SSIGNATURE
	Andrew K. Coffman Functa		22		ondar.
J.		The state of the	DATE O	7 1000 //- ""	

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any extra within 72 hours after death: 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Haaerstown Lite	Hagerstown 2//
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	R # I ON A FARM?
Jackson Convalescent Home 3. NAME DF First Middle	Last 14. DATE Month Day Year
DECEASED	OF
The state of the s	B DATE OF RIDTH 19 AGE (In years I FINDER 1 YEAR UF INDER 24 HRS
7. MARKIED NEVER WARKIED	last birthday) Months Days Hours Min.
Jemale White WIDOWED DIVORCED (October 8, 1883 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Hagerstown, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. J. Jacobs	Loucillia Mongan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes give war or dates of service)	INFORMANT Address
	s. Charlotte Paulsgrove R # 1 Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bilatoral C.	Obulzy Preumenia 5 days
11 201	
Conditions, if any, which) DUE TO Se (8 22 of 22) to	- Advanced Arteriorder 10-20
gave rise to immediate	oscleratic Heart Didesse YT-
cause (a), stating the underlying cause last.	scriptio process
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Wifer (Fixed thems at think at this to the trade to the soil
	GE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 5	ept 7 , 1956, to Jan 20 , 1966, that (1) (we) last
saw the deceased alive on Tec 28 1963, and that	t death occurred at A M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
I devaid W. J. 1100 71 M.D	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	217 Wi waskington St Hagerstown
Eduind W. Ditto III, MD	1-
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burtal N1/25/00 Kest Haven	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Rest Haven Juneral Chapel Hagerstown Me	do para N 2 5 1996

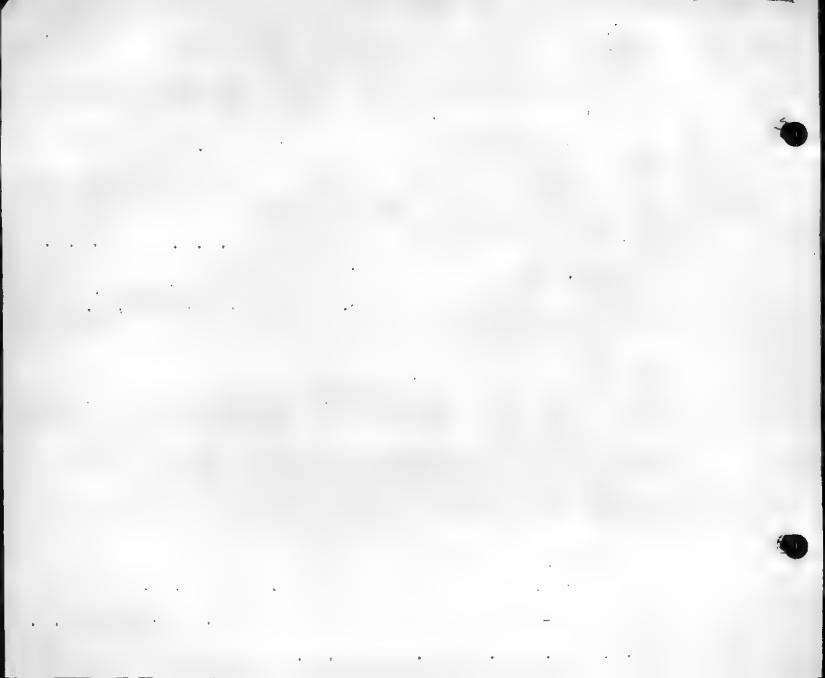
VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Ì	日19年7 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	" TUL
1	1. PLACE OF DEATH LEGSTERN MILL STATE GOSP.	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re-	sidence before admission)
	a. COUNTY	a. STATE b. COUNTY	
ı	b. CITY DR TOWN (if outside corporate limits, F. LENGTH OF STAY IN 15	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
ı	write RURAL and give nearest town)	C. CITT ON TOWN (II adiaba conboraca mines) artes nomes	and Breathant and and
ı	Hagerstown 7 Months	Takoma Park	
Į	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Western Maryland State Hospital	324 Lincoln Ave.	YES NOX
ı	3. NAME OF First Middle	Last 4. DATE Month	Day Year
ı	DECEASED	EDLIN OF DEATH WAN. /	2 1966
ı		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
ı	AD 111	last birthday) Months I	Days Hours Min.
	WIDOWED DIVORCED	3-18-27 38 yrs.	
ı	10a, USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CII	TIZEN OF WHAT UNTRY?
i	House Painter Painting	Franklin Co. N. C. U	. S. A.
	13. FATHER'S NAME	Franklin Co. N. C. U	
	Sterling J. Medlin	Viola Jackson	
		INFORMANT 8404 F16Wer Ave	
	(Yes, no, or unknown) ((If yes give war or dates of service)		
		· Avery Medlin, Takoma Park, Mo	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 13/12/2/ Lof	Sulan Premionia	7days
	1/64 DUE TO		
	Conditions, If any, which) (b) Chronic Brown	Syndrome	7 1205.
	gave risa to initiediate ('	· ÷
	cause (a), stating the out to cardiac Arriver underlying cause last.	est + Rupture Aorta	7105
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	DITAMENT OF THE PARTY OF THE PA		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING TO THE PRIMARY OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE PRIMARY OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE PRIMARY OF CONTRIBUTIONS	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	PRIMARY OF CONTRIBUTING	-Incolored in head on Colli	
	CAUSE OF DEATH. IT UND IT CIVINT		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour ent. 3/13/1965 at work at work	ory, street, office bldg., etc.)	
	Hour som. 3/13/1965 While Not While A Law	coln Ave. tokometerk Mo	14t, Md.
	21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔼 , Inspection 🗌 , Inquiry 🔁 ,	and In my opinior
	death resulted from: Natural causes , Accident , Su		
	death (coulded from: Hattiful courses 1 housest 17 h	CHIEF MEDICAL EXAMINER	
	ACTUAL S 12 P 1 1 1 8 / 1940 TO	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE CLAUTURE WINDOWN,	DEPUTY MEDICAL EXAMINER	1baler
	EXAMINER'S Edward W. Ditto III 217 W. Wash		1/12/66
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 1- 15- 66 Mary Chapel		inty) (State)
	Removal 1- 15- 66 Mary Chapel	Cemetery Rfd. 3 Wake Forre	st. N. C.
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
	John H. Bast, Jr. 112 N. Main St. Boonsbor	ro. Md. DAHAN 1/ 1988 1 Grande	of Verilar
	Parent real Dado Por all Maria Date DOOUROOL	THE PARTY OF THE P	Market The Control of

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MARYLAND STATE DEPARTMENT OF HEALTH

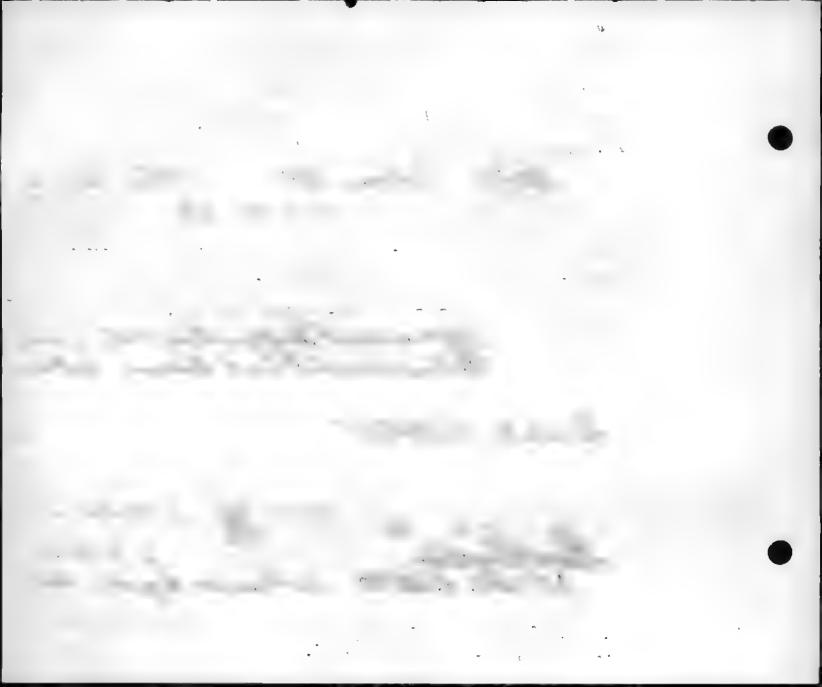


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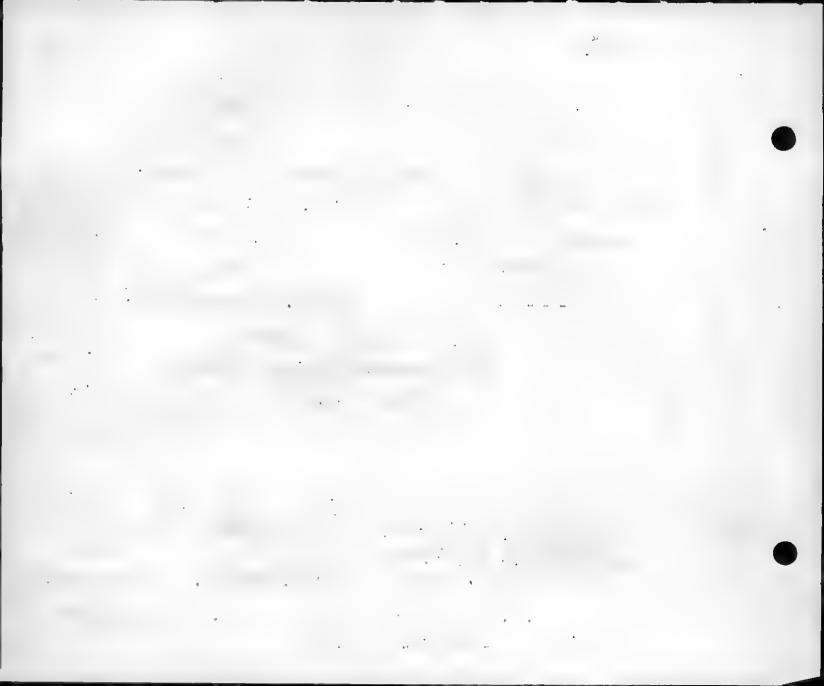
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1450
CERTIFICATE OF DEATH

-		
4	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	Washington MARYLAND	a STATE b. COUNTY Maryland Montagnery
	b. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Hagerstown 13 months	Silver Spring / ".
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
1	Western Maryland State Hospital	9917 Sutherland Road ON A FARM? YES NO TO
	3. NAME OF First / Middle /	Last / 14. DATE Month Day Year
	OECEASED (Type or print) Madge Kullman	Mills DEATH Ten. 21 1966
	5. SEX 6. COLUR OR RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Genale Cancasian WIDOWED DIVORCED	5-31-96 (Asy birthday) Months Days Hours Min.
1	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, optoreign country) 12. CITIZEN OF WHAT COUNTRY?
		Gredricksburg, Virginia U.S.A.
	Retired Supervisor Shirt Mfg.	14. MOTHER'S MAIDEN NAME
	Cumberland G. Mills	Summer J. Latham
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Creek Shore Dr.
		is Frances Schnebelen, Rockville, Maryland
١	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
	PART I, DEATH WAS CAUSED BY:	al man a chen a cute 2 meter
	120 IMMEDIATE CAUSE (a) 1 144 CULTURE	a factor of the second
	Conditions, If any, which \ (b) Artery Scles	who heart pliseand just know
	gave rise to immediate	or contained the
	underlying course inch	
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNATICANT CONDITIONS CONTRIBUTING TO DEATH SUTNOT RELATIVE TO THE PART II. OTHER SIGNATURE OF CONTRIBUTING TO THE PART II. OTHER SIGNATURE OF CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH SUTNOT RELATIVE TO CAUSE OF THE CONTRIBUTION OF THE CONTRIBUT	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	GR CONTRIBUTING CAUSE OF DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20c. PLA fac	rry, street, office bldg., etc.)
	21. I certify that (#) (this hospital) attended the deceased from	17/15 1004 to 1-21 10/06 that Ut (wa) last
	1-51	t death occurred at 142 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
1	Sus Muss Mod M.C.	ATTENDING MED. STAFF PHYS. PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) ARTIGRO RIEGO	1500 Tenna ade Hogerstonn Mil.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION Sty, town or county) (State)
	Burnel Jan 24 1966 9t. Pincola	Cometery Prince George County
4	24. FUNERAL DIRECTOR	1 25% REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
١.		
	Warner E. Pumphrey, Inc. Silver Spring	Mid DATE AN 20 1965 "

VR AI5 (4) 20M 1/65



	0145	T	CERTIFICA	ATE OF DEATH		01404	
1.	PLACE OF DEAT a. COUNTY	WASHINGTON	MARYLAN	a. STATE MAT	CE (Where deceased lived, If insti RYLAND b. COUNT	tution: Residence before admission) Y WASHINGTON	
	b. CITY OR TOW Write RURAL HAGER	N (if outside corporate limit and give nearest town) STOWN	c. LENGTH OF STAY IN 7 MONTHS	1b c. CITY OR TOWN (If	outside corporate limits, write GERSTOWN	e RURAL and give nearest town)	
	d. NAME OF HO	DIXIE DRIVE	t in hospital, give street addre		IXIE DRIVE	0. IS RESIDENCE ON A FARM? YES NO A	
3.	NAME DF DECEASED (Type or print)	First	Middle EMMA	Last MISKOWICH	4. DATE Month OF JANUARY	2, Year 2, 19 66	
]	SEX FEMALE	WHITE	RRIED NEVER MARRIED DIVORCED	SEPT. 4, 188		FUNDER 1 YEAR IF UNDER 24 HRS. Norths Days Hours Min.	
dui	HOMEMA	lng life, even If retired)	OWN HOME	NASCIASI	ounty & State, or foreign country) E, AUSTRIA	12. CITIZEN OF WHAT COUNTRY?	
	. FATHER'S NAM	UNKNOWN	NAGY		NKNOWN		
15 (Y)	o. WAS DECEASED es, no, or unkown) NO	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITYNO.	17. INFORMANT DONALD T. MIS	ZJOZAĐIA KOWICH-HAGERSTO	TE DRIVE WN, MARYLAND	
		DEATH Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	y Eden	re	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, If any, which) DUE TO Attenoselector heart Jeseine						340	
~	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Callello Mellilly 18 M						
CERTIFICATION	PART II, OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] 2 ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DO. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of	Injury In Part I or Part II of	Item 18.)	
MEOICAL	2Dc. TIME OF Hour a,	n.	20d. INJURY OCCURRED 20e. While Not While f t work at work	PLACE OF INJURY (Home, fa actory, street, office bldg., el	rm, 2Df. (City or town)	(County) (State)	
		y that (1) (this hospital) a	ttended the deceased from		COM, from the causes a	, 19 , that (I) (we) last nd on the date stated above.	
	22a. SYGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 1-2-66						
_	22c. PHYSICIA NAME (T)	(Pe) DONALD E	. MARTIN		MAC ST., HAGERST		
	REMOVAL (Spi	JAN. 2,196	6 CRAIG FUNE	RAL HOME	ST. AUGUSTINE	, FLORIDA	
24			HAGERSTOWN, MAR		OD BY REGISTRAR 256. REG	contex Sudge	



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed filthin 24 hours after death. Page 4 may be retained by the hospital or attending physician. Tage a may be retained by the mospital of attending physician afterding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

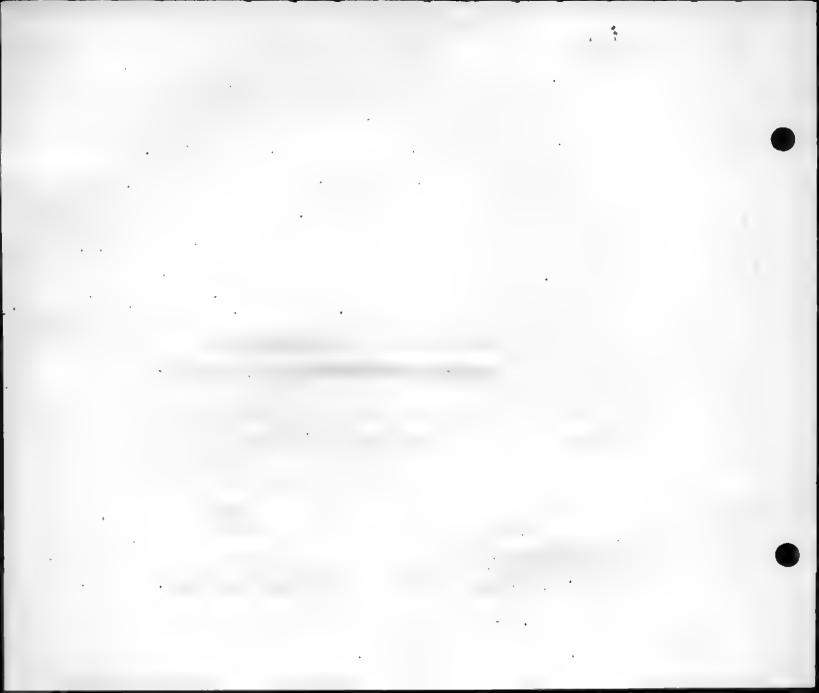
> VR A15 (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1452

CERTIFICATE OF DEATH

		0145	2		CERT	FICAT	E OF DEATH		-BIIIIOKE	()	305
	1.	PLACE OF DEAT	••					E (Where deceased i	_,	on: Residence	before admission)
		Washington MARYLAND		a. STATE	vland	b. COUNTY	Va, ir	otton			
		b. CITY OR TOW	'N (If outside corpora and give nearest to	te limits,	c. LENGTH OF		c. CITY DR TOWN (If	outside corporate			
		WILLS KOKAL	TOWN	wn)	30 1	.1.	Har ins	+orn		2	/
		d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in	hospital, give stre	et address)	d. STREET ADDRESS			0.	IS RESIDENCE
j			· torroce:	ity To	rapital		113 S	nt erry	St.	YI	ON A FARM?
	3.	NAME DF DECEASED		irst	Middle		Last	4. DATE	Month	Day	Year
		(Type or print)	Debr		Ann	Mitch		DEATH	Jan.	4	19 66
		SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MAR	RIED X	B. DATE OF BIRTH	9. AGE	(in years IFUN birthday) Mont	IDER 1 YEAR II	
	77	· ale	White	WIDOWE	D DIVO	RCED 🔲	Jan. 4 19	66	yrs.	uis Days	Hours Min.
	10a	USUAL OCCUPAT	IDN (Give kind of wor) ing life, even if retire	done 10b.	KIND OF BUSINES	SOR	11. BIRTHPLACE (Co	unty & State, or fore	ign country) 1	2. CITIZEN O COUNTRY?	F WHAT
	-	none	mg mot arou ii rotii	,,,	INCOSTKT		Hagersto	wn Harv	land	J. S. A	
	13.	FATHER'S NAM	E				14. MOTHER'S MAID				
		Orvil	le E. Hi	tchel	1		Paulin	e Eshelm	nan		
	15 /Ve	. WAS DECEASED	EVER IN U.S. ARMED F	ORGES? 1	6. SOCIAL SECURIT	YNO. 17.	INFORMANT]]		Address	37.	
	(,,,	ATO	(11 Jes give wall of Bates		none	Mr	. Orville	E. Hite	hell H	rerst	own Md
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]									INTER	VAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: DI Alexal - Dresum thorax 2011							T AND DEATH		
1		71.21	4		A TO TO THE TO	V	ACOMA MILE	***			
	Cenditions, If any, which) On the Conditions of the Kunger										
		gave rise to immediate									
	cause (a), stating the DUE TD underlying cause last. (c) (c)										
	NO.	PART II. OTHER S	SIGNIFICANT CONDITI		BUTING TO DEATH B	UTNOTRĖLA	TED TO THE TERMINAL D	ISEASE CONDITION	GIVÊN IN PART	1(a) 19.	WAS AUTOPSY
	CAT	Del	A	0+	R	_	ieutatio			YES	PERFORMED?
Z	三	20a. ACCIDENT	WAS UNDERLANG	1 20h.	DESCRIBE HOW I		RRED. (Enter nature of	injury in Part I of	Part II of Item		DKT HO LT
	CERTIFICATION	OR CONTRIBUTI	ING D CAUSE OF DEATIFY MEDICAL EXAMI	(TH INER)				,.,,,.,		,	
			INJURY Month, Day,	1	. INJURY OCCURBE	7 20e PIA	CE OF INJURY (Home, fa	rm, 20f. (City o	r town!	(County)	(State)
	MEDICAL	Hour a.r	n, /	Whi	le - Not While -	facto	ry, street, office bldg., et	c.)	1,204111)	(000111)	(01010)
	2	p.1		1,000	ork at work	1		(1)		, , ,	
			y that (1) Xthis hos		ided the decease	d from	an 4 , 19	66 to 3			(M) (we) last
		saw the de	ceased alive on	an. 4	19 40	_, and that	death occurred at?	ZAM, from the			
		22a. STGNATU	1///	15	1		ATTENDING 7	MED ST	AFF	DATE SIGN	-66
		22c. 25 175 151	11/10/10	MAXI		M.D	PHYS. PHYS.	HRECTOR PH	YS.	-7	-66
		MAME (I)		Syr	Kit			ams De	ret 1	My	
	23a	BURIAL, CREM	ATION, 23b. DATE	THEREDE	23c. NAME O	F CEMETERY	DR CREMATORY	23d. LOCATIO	N (City, town o	r county)	(State)
		,J T	U	5-66	live	7i ~ (Cenetiony	1/121:	. نئر ر	~ - 0	1 J 4
-	24.	. FUNERAL DIRE	CTOR		ADDRESS		25a. REC	D BY REGISTRAR	2,11	RAR'S SIGNA	TURE
2		il ort	, a 2 ,	Villi	i port	1.7	DAKEAN	6 1966	of hice	Mer Ju	dge
1			1 2 7	-							<u></u>



funeral and 2 death. hours after death A COTT attending physic ermit. Then ple

l completely filled in by the carbon papers. Page y event, within 72 hours at ath y remova

Pages 1. after TO BOSENTAL OF THEM HING BEESCHEAM: The Law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

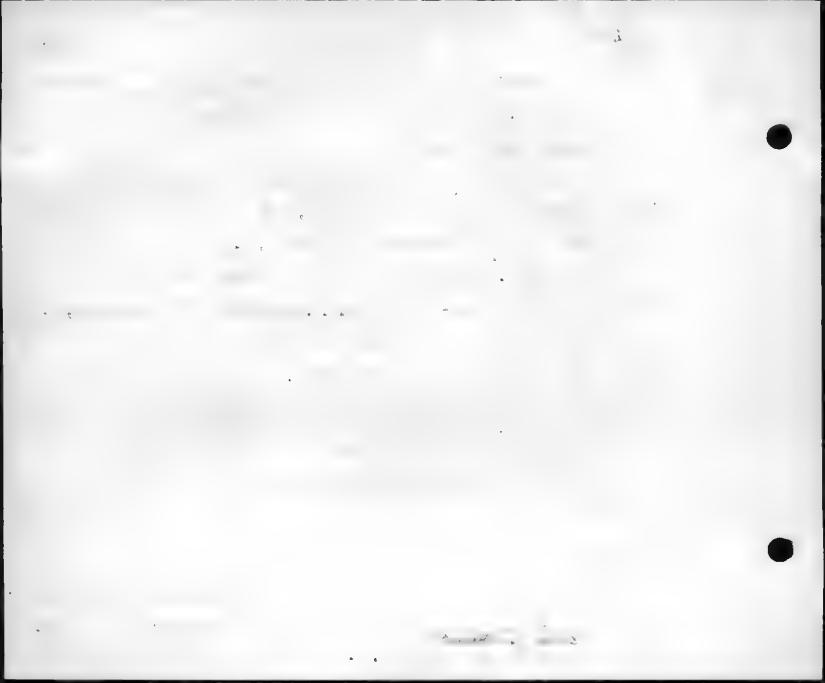
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 1. Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Haaerstown Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS # Washinaton County Hospital 3. NAME OF Middle 4. DATE Last DECEASED Martin Mullendore DEATH (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Dealer Automotive Auto 13. FATHER'S NAME MOTHER'S MAIDEN NAME Minnie Wyand Emory A. Mullendore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) I (If yes give war or dates of service) 220-10-3547 Mrs. H. M. Mullendore 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a). stating underlying cause last (c) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOBATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from A saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. M.D. PHYS. PHYSICIAN'S MAME (Pype) (JOHN C 580 Northern Hagerstown, orthern Morton.

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO X Month Day Year January 19 66 AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS. last birthday) Months Days Hours 11. BIRT HPLACE (County & State, or foreign country) CITIZEN OF WHAT COUNTRY? Address Hagerstown, Md INTERVAL BETWEEN ONSET AND DEATH PART HI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20f. (City or town) (County) (State) 🛂, that (I) (we) last and that death occurred at 26M, from the causes and on the date stated above. venue BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) REC'D BY REGISTRAR | 25b. RE Burial Rest Haven Cemeteri **FUNERAL DIRECTOR**

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64



TO HOSPITA. AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page hav be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1454)

, 01328	CERTIFICATE	OF DEATH		0.1067
1. PLACE OF DEATH 4. COUNTY	2.	USUAL RESIDENCE (Who		on: Residence before edmussion)
Washington Co.	MARYLAND	e. STATE Pa.	b, COUNTY	Adams 🗸
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURA	Lend giva nearest fown)
Boonsboro	19 months	Gettysbur	g	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitel, give street eddress)	d STREET ADDRESS		a. IS RESIDENCE ON A FARM?
_ <u>F</u> ahrney-Keedy Memori	al Home	R.D.# 6		YES NO K
3. NAME OF First DECEASED	Middle	Last 4 DA		Day Yeer
(Type or print) Enma	G. Musse	Iman De	ATH Jan.	31 19 66
5. SEX 6. COLOR OR RACE 7. MARK	UED NEVER MARRIED 8. D	ATE OF BIRTH	9, AGE (In years IF UNI	
Female White widow		Mr. W	85 ym]	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (County & State	e, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Housewife 13. FATHER'S NAME		Lancaster C	o. Pa.	U.S.A.
	14.	MOTHER'S MAIDEN NAME		
John Swrigart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18	4 COCIA) CECURITY NO . IT INTE	Mary Good	Address	
(Yas, no, or unkown) (Hyesgive weror detes of service)	6 SOCIAL SECURITY NO. 17. INFO			-trabina Da
18. CAUSE OF DEATH Enter only one cause pe	Mrs	. W.S. Paul	R.D.# 6 Get	tysburg Pa.
PART I. DEATH WAS CAUSED BY:	Coaplin	O Allan	ud	ONSET AND DEATH
IMMEDIATE CAUSE (e)	Cercero de		VVIII-	- deg
Conditions, if any, which \ (b)	Carolinal	Rothers	On ~ !	Means
geve rise to immediate cause	2000 4-1	voe use	te carry	7
(e), stelling the underlying DUE TO	nonlind	artorios	lower	rem
	ONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY
CATIO				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	ESCRIBE HOW INJURY OCCURED. (En	iler neture of injury in Part I or I	Part II of (tem 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20c	INJURY OCCURRED 1 200. PLACE		(City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20c Hour a.m. When the p.m. 19	rork et work	street, office bldg , etc.)	17-	
21. I certify that (i) (this hospital) pite	ended the deceased from	19 19 1	10 dale	19, that (I) (we) last
saw the deceased alive on 2.7.	1966, and that dea	ath occurred al & M. f		the date stated above.
220 SIGNATURE	1			22b. DATE
Juliary T. Com	fard M.D.	ATTENDING MED.	STAFF PHYS.	1 Jel 66
22c. PHYSICIAN'S NAME (Typel RICHARD T. BINFORD, M.		22d ADDRESS		+ + + + + + + + + + + + + + + + + + + +
	D	1135 POTOMAC A	PENUE HAGERS	TOWN, MARYLAND
23e. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City, town or c	ounty) (Stete)
Burial Feb. 3, 19	66 Biglerville			dams Co. Pa
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REČ'D BY RI	EGISTRAR 256 REGISTRA	
Clarence Co. Wilson,	Immitselving V	Hed , DATE 7	1966 Siliant	The state of the s



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Demt. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death? TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 4 may be retained by the hospital or attending physician.

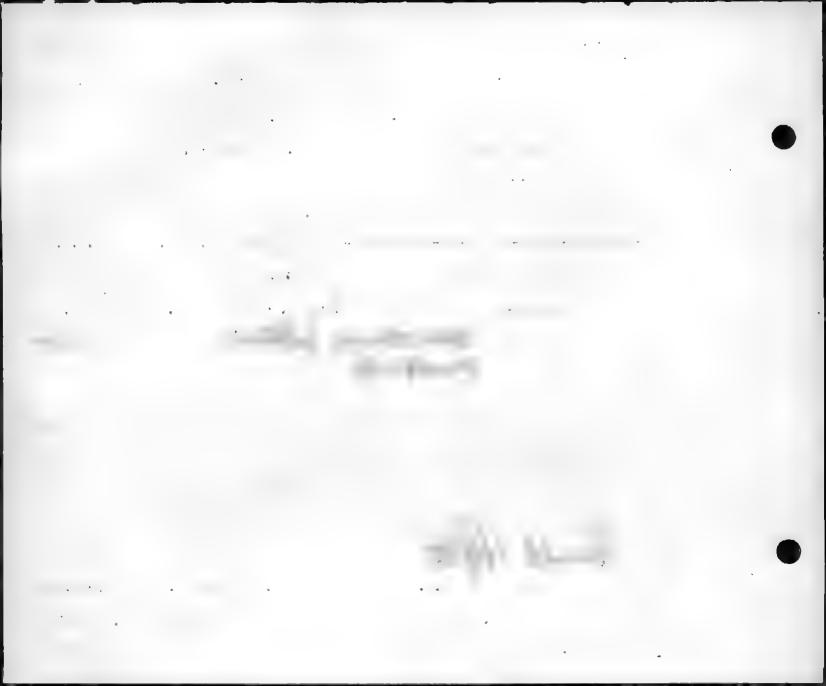
			LAND STATE DE			
	DIVISION OF STATIST	ICAL RESEAF			N STREET, BALTIMORE 1,	, MARYLAND
_	01455		CERTIFICAT			01308
1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENC a. STATE	E (Where deceased lived, If institution b. COUNTY	i: Residence before admission)
	WASHINGT		MARYLAND	MAF	RYLAND	WASHINGTON
	b. CITY OR TOWN (if outside corpora write RURAL and give nearest to	ate limits, (c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RUR	AL and give nearest town)
	HAGERSTOWN		4 HRS.	HAGE	RSTOWN	
	d. NAME OF HOSPITAL OR INSTITUTI	ION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	WASHINGTON COUNTY	~	L	14 W. WILS		YES NO X
3.	DECEASED	First	Middle	Last	4. DATE Month	Day Year
2	(Type or print) BAE	BY BOY		NOLAND	DEATH JANUARY	11 19 66
	SEX 6. COLOR OR RACE			8. OATE OF BIRTH	last birthday) Month	
	MALE WHITE B. USUAL OCCUPATION (Give kind of work	WIDOWED	OIVORCED OIVORCED		966 yrs.	. CITIZEN OF WHAT
dur	ring most of working life, even if retir	ed) IND	USTRY			COUNTRY?
13.	. FATHER'S NAME			WASHING'I	PON CO., MD.	U.S.A.
		MOTANT				
15.	. WAS DECEASED EVER IN U.S. ARMED F	NOLAND FORCES? 16. SO		JOYCE E	ELKINS HACTESTOW	INT MOD
(Ye	es, no, or unkown) (If yes give war or dates	s of service)				
1	NO Land I			ROBERT L. NOI	LAND 14 W. WILSON	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED B	BY. AV	tor (a), (u), and (c).	'a later		ONSET AND DEATH
	7/ 3. MMEDIATE CAUS	E (a)	TURBALL	1 July		- GNO
	Cenditions, If any, which \	E TO DAM	wat why			
	gave rise to immediate	(b) 700 E TO	may way			
	cause (a), stating the dunderlying cause last.	(c)				
₫	PART II. OTHER SIGNIFICANT CONDIT		NG TO DEATH BUT NOT REI	ATEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY PERFORMED?
CAT						YES NO
CERTIFICATI	20a. ACCIDENT WAS UNDERLYING	20b. 0E	SCRIBE HOW INJURY OCC	URREO. (Enter nature of	Injury in Part I or Part II of Item	18.)
- 1	OR CONTRIBUTING T CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM	INER)				
EDICAL	20c. TIME OF INJURY Month, Day,		fact	ACE OF INJURY (Home, fa- tory, street, office bidg., et	nrm, 20f. (City or town) (County) (State)
	Hour a.m. p.m. 19	9 While at work	Not While at work	'm'h' mei aa el a maa ar -6-1		
	21. I certify that (I) (this hos	spital) attended	the deceased from	, 19	9, to, 19), that (I) (we) last
	saw the deceased alive on	11	19, and tha	at death occurred at		
	22a. SIGNATURE	1.16	1	ATTENOING - N	MEU STARE	OATE SIGNED
	Harsed	ITYU.	M.		OIRECTOR PHYS. 1	/12/1966
l	NAME (Type) HAROLD	H. GIST I	M.D.	m + 4	COMPONED ON BY THE TOP	CONCLUMI MIN
220	a. BURIAL, CREMATION, 23b. DATE		23c. NAME OF CEMETER		POTOMAC ST . HAGER 1 23d. LOCATION (City, town or	County) (State)
230	DEMOVAL (Specify)	13,1966	CEDAR LAWN			
24	EUNERAL DIRECTOR	17,1900	AOORESS		WASHINGTON CO.	MARYLAND PAR'S SIGNATURE

MARYLAND

1966

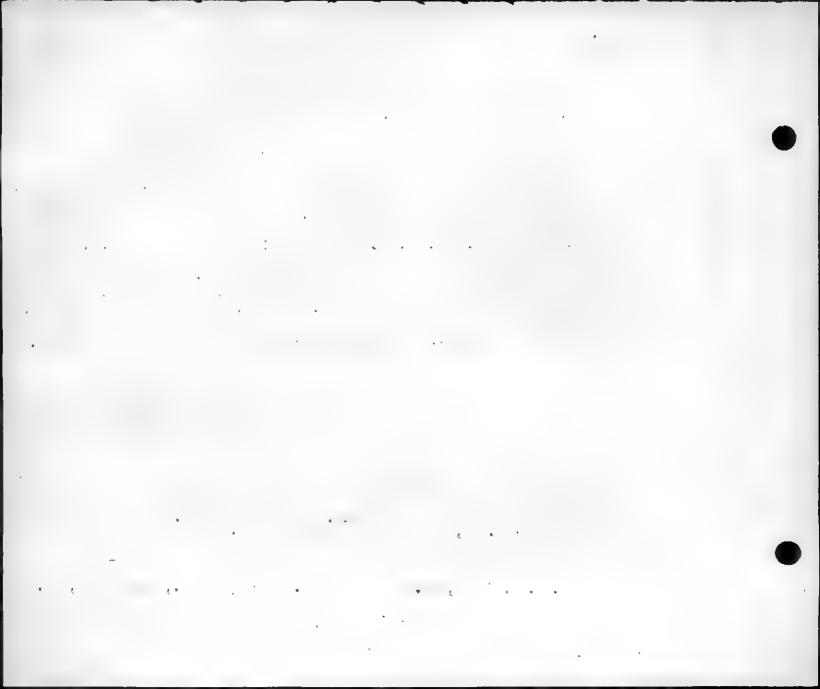
HAGERSTOWN.

VR AL5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) R 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in fine event, within 72 hours after death. 9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h≡urs after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		01491	CERTIFICAT	E UF DEATH		01410
I	1. PL	ACE DF DEATH		2. USUAL RESIDENCE		itution: Residence before admission)
ł	a, t	Wash set	SEADUL AND	a. STATE Maryland	b, count	
ı	b. 0	CITY OR TOWN (if putside corporate limit	MARYLAND Is. c. LENGTH OF STAY IN 1b		Pr. (te RURAL and give nearest town)
ı	T	CITY OR TOWN (if outside corporate limit write RURAL and give marest town)	to Echanical State of Estate			to Rotter and Sittle House to min
ı	r	agera comu.	7 mos.	Lewisdal	e /	43
ľ	d	NAME OF HOSPITAL OR INSTITUTION (if n	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		Vestern Maryland S	State Hosp.	7305 - 2	3d Ave.	YES NO E
ı	3. NAI DEC	ME OF CEASED PE OF Print)	Middle Middle	No 4es	4. DATE Month	Day Year
ı	5. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
H	Mo	3 - 117-24-	WKIED WEARK HOWKIED	17 120 0		Wonths Days Hours Min.
ı		T t	OWED DIVORCED	1-20-74	yrs.	
1	during i	UAL OCCUPATION (Give kind of work done most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Capt	ity & State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
ı		Electrician	_	Wash., D.	· C ·	U.S.A.
ı	13. FA	ATHER'S NAME		14. MOTHER'S MAIDE		
١		Harry Tagash Nors		Mozer A 1		
1	15. WA	Harry Joseph Noye	1 16. SOCIAL SECURITYNO, 1 17.	Mary A.	MOOTE Address	
1	(Yes, no	IS DECEASED EVER IN U.S. ARMED FORCES? or unkown) (If yes give war or dates of service) 10. SOUTHE SECONTITUO.			
١	1/	10	Mr	s.Rosemary	N. Mills (8	above address)
1	18.	. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	(Da	ughter)	INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONEUMONIA			ONSET AND DEATH
1		2 411				
1	Co		AENNEC'S	BIDAMAC	15	2 VERBS
1		ve rise to immediate (b)	TENNEUS (211111103	/ 3	2 71-1113
1		use (a), stating the DUE TO				
1		derlying cause last.) (c) _				
	PAI	RT 11. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	3 1	I.V.A. WITH HEI	TIPARESIS-ART	ERIDSCIERD	TIC HEBRT DI	
	202	a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of II	njury in Part I or Part II of	item 18.)
		a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER		·		
	MEDICAL 200	c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
1	흛	Hour a.m.	While Not While at work	ry, saleet, onice bidg., etc.	-}	
				7- 78 20	5 to 1-5	10 6 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		21. I certify that (I) (this hospital) a	7			_, 19 <i>@ Q</i> that (I) (we) last
		saw the deceased alive on	2 19 22, and that	death occurred at	M, from the causes a	nd on the date stated above.
	22	a. SIGNATURE	0/ .	ATTENDING MÉ	D. STAFF	
		fortillo U. Fol	Cogran M.D). PHYS DII	RECTOR PHYS.	1-6-66
	22	Alakic (Tune) A	0111 -111-	22d. ADDRESS	1. 11.	* 441
		1111 10 10 10 E.	HALLAGROSI	1300 Fem		ertown Hd:
	23a. B	BURIAL CREMATION, 23b. DATE THERECOREMOVAL (Specify) 1/8/66			23d. LOCATION (City, tov	vn or county) (State)
			Mt.Olivet C	emetery	Wash. D.C.	
	24. FI	UNERAL DIRECTOR Nalley's	ADDRESS Mt. Ra	inier 25a. REC'I	BY REGISTRAR 25b. REG	
	Fu	meral Home Inc.	Maryland	DAJEA N	11 1966 200	world Judge

VR AIS (4) 20M 1/65



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	0145	8		CER1	TIFIC.	ATE OF DEAT	Н		Reg. Dist.	No.)1411	
	PLACE OF DEATH 6. COUNTY Was	hington		MA	RYLAND	2. USUAL RESIDENCE (W	'here decease	ed lived. If institut b. COUNTY	ion; Residence ashi	ng to	nission) ON	
	b. CITY OR TOWN (If autside corporate limits, write			c. LENGTH OF STA	A IN IP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Hager stown					own)	
V	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Vacuum Hospital					d. STREET ADDRESS 402 vest Franklin Street				e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	Hen	ry	Lee	lle 3	Owens	4. DATE OF DEATH	±149	huary	В од,	Yeor 19 6 6	
	Male	6. COLOR OR RACE White	WIDOW	ED DIVOR	CED T		1912	9. AGE (In years lass birthday) 53 yrs	Months Do		7	
G	do. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSIN during most of working life, even if retired)				OR INDU	Clarke County, Va.				2. CITIZEN OF WHAT COUNTRYS USA		
3.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
	Richard		Arbellia Orndorff									
15. {Y	s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes. WWIII 236-28-5891 Mrs. Marie Talbot. 505 N. Cameron St.											
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]											
	PART 1. DEA	Haration			ľ	ONSET AI	ND PEATH					
	40 1	IMMEDIATE CAUSE (o		0		7	*****					
	Conditions, If a	ny, which) n	١									
	gove rise to immediate casse (o), stating the under-											
	lying couse lost.) (c)									
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS									AS AUTOPSY REORMED?		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										_ NO []	
MEDICAL	20c, TIME OF INJUR Hour a.m. p.m.		While	NJURY OCCURRED Not while t ot work	20e. Pl. for	ACE OF INJURY (Home, formationy, street, office bldg., etc.)	m, 20f. (City	y or town)	(Cou	nty)	(Stote)	
	21. I certify that I attended the deceased fram. 1 = 27 , 1966, to 1 = 24 , 1966, that I last saw the deceased											
	alive an 1-24, 1966, and that death accurred at 1129 M, from the causes and an the date stated above											
	7			2	ar acam			treet, city or town,		udie si	DATE SIGNED	
	ACTUAL SIGNATURE	alter W	.0	Velty		un 998 Po	tomac	Avenue		1-	25-41	
	PHYSICIAN'S NAME (Type)	Dalton M	. Ye	lty, M.	9.	Hagers	town,	Marula	nđ			
22	BURIAL, CREMATIO	1/27/66		Green		cemetery	_	TION (City, town,			tolej	
23.	FUNERAL DIRECTOR		-0	ADDRESS	Berr	24a. REC	D BY REGIS	ryville	STRAR'S SIGNA			
~	marci	3 TTM	w	W-		y VIII OATE	198	00 //	0	2		



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

ON A FARM? ND X

19^{Year}66

12. CITIZEN OF WHAT

MD.

COUNTRY'S A.

INTERVAL BETWEEN ONSET AND DEATH

48 hours

10 years

WAS AUTOPSY

PERFORMED?

ND X

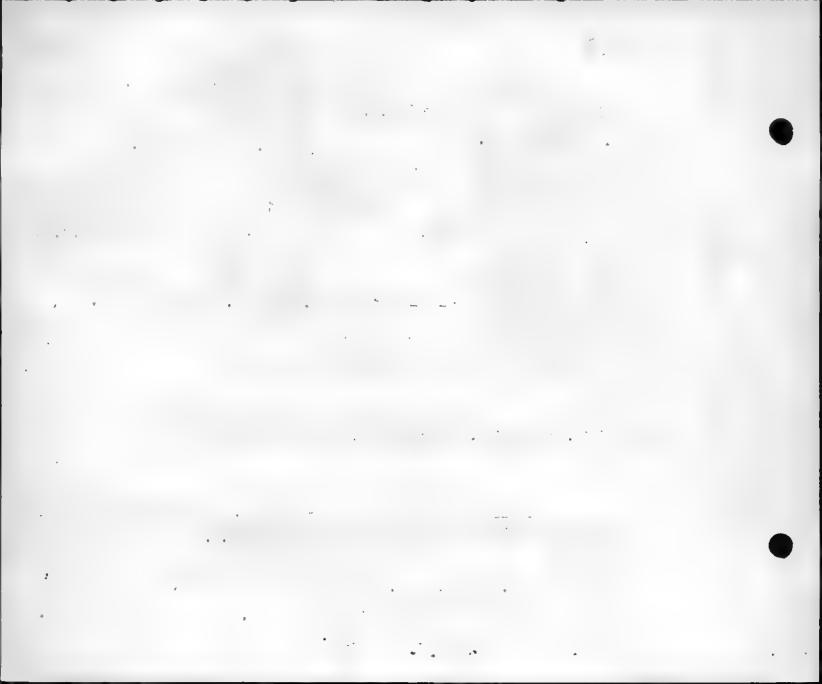
(State)

YES [

(County)

CO. PENNA.

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH

Replacement certificate - Film : \$374-3/1/66-78B

10

VR A15 (4)

B1/3

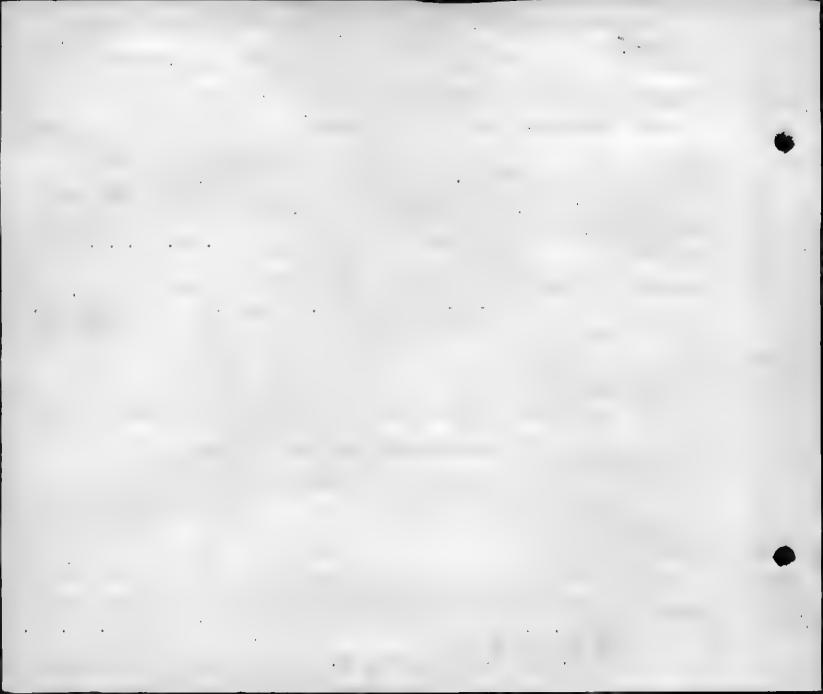
THE RESIDENCE OF THE PARTY.	THE R. LEWIS CO., LANSING, MICH.	AND RESIDENCE OF THE OWNERS WHEN THE PARTY OF THE PARTY O	-	THE RESERVE AND ADDRESS OF THE PARTY OF THE
MANUEL A LIFE		THE R D T ALLEY	-	
PROPERTY AND ADDRESS.		DEFARTMENT	-	THE RESERVE OF THE PARTY OF THE
THE PARK & BUSY SET THE		Bridge Park Statement Co.	100	

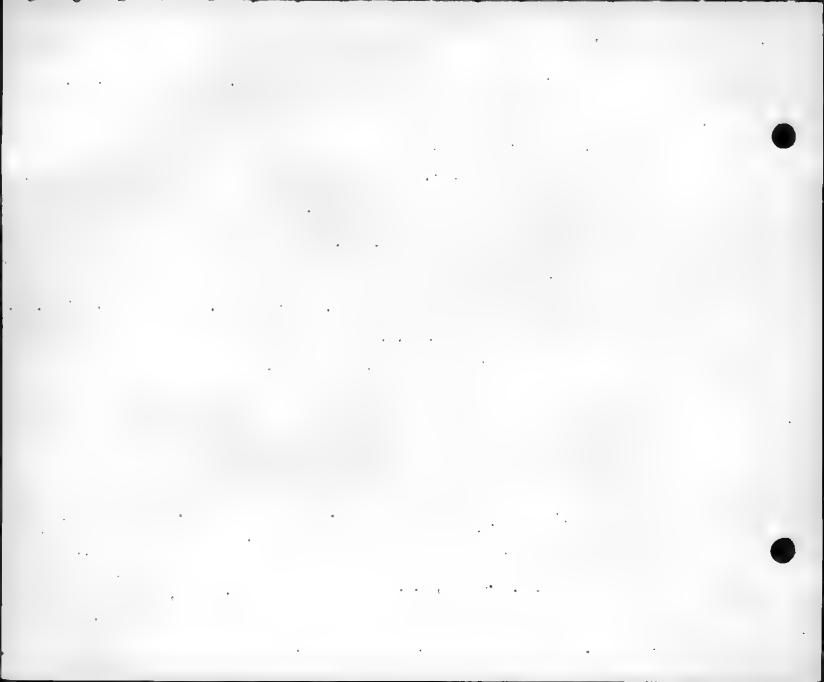
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1461

CERTIFICATE OF DEATH

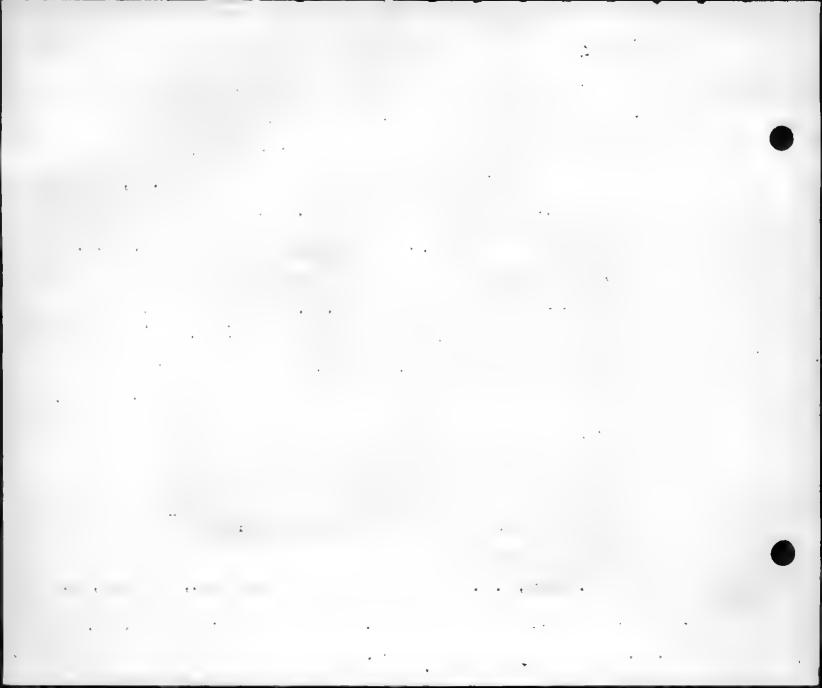
7. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Washington	MARYLAND	* Si Maryland Washington
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town)
write RURAL and give nearest town	51 years	Rural Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d STREET ADDRESS D. IS RESIDENCE
		Route # 1 ON A FARM?
3. NAME OF First	Middle	Last 4. DATE Month Day Year
(Type or print) ELIZABETH	E. POFFER	IBERGER DEATH January 9 1966
5. SEX 6. COLOR OR RACE 7. MARRIE	-	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
female white widows		May 11,1872 93 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K)		Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working (ife, even if retired) Housewife OW	n home	Frederick Co. Md. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Ludwig Routzahn		Mary Marker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	
(Yes, no, or unkown) (If yes give war or dates of service)	-36-2566 R	oger F. Poffenberger, Hagerstown, Md.
18 CAUSE OF DEATH (Enter only one cause per la		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	1	ant disease with Indetirulte
DUE TO COVUS		art disease. With
S-125 7 1112		
gave rise to immediate cause		
(e), staring the undertying		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
—		PERFORMED?
208. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part II of tem 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CON 208. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)		
¥		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. While		ary many and and and
21. I certify that (I) (this hospital) attend	ded the deceased from	Dec. 16 , 1965, 100 21 P. 9 , 1966, that (1) (we) last
	1965, and that	
228. SIGNATURE	W. L	7:15 P. 22b. DATE
10 Stuliste	7 M	D. ATTENDING MED. STAFF
122c. PHYSICIAN'S B. B. KNEISley	, M.D.	22d. ADDRESS 148 West Washington ST.
	1	Hagenstown, Md
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
Buriat Jan. 12, 1966	United Bre	ethern Myersville, Mored. Co. Md.
24 FUNERAL DIRECTOR'S SIGNATURE 7	ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Paul F. Bittle.	Myersville	Md. SAN 13 1936 allimeta Crease





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET BALTIMORE 1

	01463	CERTIFICATI	OF DEATH	A STREET, DALTIMORE I,	71415
1.	PLACE OF DEATH a. COUNTY We shi to retor	MARYLAND	a. STATE	E (Where deceased lived, If Institution: b. COUNTY	
	b. CITY OR TOWN (If Outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURA	L and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	STREET ADDRESS	own	e. IS RESIDENCE ON A FARM?
		pital	700 lis	rshall St	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
E	(Type or print) NEILIE	GRANT .	PYVIET, I,	19. AGE (In years (FUNDE	R1 YEAR IF UNDER 24 HRS.
F	enale White WIDOWED	DIVORCED	Sept. 28,1	877 88 yrs. Months	Days Hours Min.
10a dur	I. USUAL OCCUPATION (Give kind of work done 10b. K ling most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12.	CITIZEN OF WHAT
13.	Housewife Own	n Hone	Erwina Bu	icks Cty, Pall	J.S.A
15	Mahlon Dinmick	SOCIAL SECURITY NO. 1 17.	Elizabet	th Stull Address	
	es, no, or unkown) (If yes give war or dates of service)			_	7 1 04
	18. CAUSE OF DEATH [Enter only one cause per li	None Mr		lan Johnson, 80' eksburg, Va.	7 Lerve St
	PART I, DEATH WAS CAUSED BY:	10 di 07 07 000 075	11000110	12-22 M	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	WHILE UNDER		1900-	10017
	Conditions, if any, which gave rise to immediate	as from H	Juin 1	& morrhage	6 0015
	cause (a), stating the DUE TO Underlying cause last.	underval	Ocer		1-3mor
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL		. /	VISEASE CONDITION GIVEN IN PART 1(4	PERFORMED?
CERTIFICATION	2DA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RRED. (Enter nature of	injury in Part or Part of Item	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	•			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I. Hour a.m. While	factor	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town) (C	ounty) (State)
ME	p.m. 19 at work	KL_ at work L_J		1066 10	42 2 10 4 2 1 1 2 4
	21. I certify that (I) (this hospital) attends saw the deceased alive on 1-9-66		5-5-63 19	9, to <u>1-9-66</u> , 19_ 1:55% Afrom the causes and on	, that (I) (we) last
	22a. SIGNATURE	, and that		22b.	PATE SIGNED
	John C. Man Le	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	11/66
	John W. Morton, M. D.		22d. ADDRESS	ern Ave., Hagerstow	m Mä
23:	BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY		23d. LOCATION (City, town or	
200	REMOVAL (Specify) Burial 1/11/66			1	
24	FUNERAL DIRECTOR	ADDRESS	25a. REC	C'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
A,	K. Coffnen Funeral F	Home. Inc.	DATEAN	13 1966 Fran	ies judge
1. **	Hagerstown,	الالل			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 01464 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 14 DAYS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 604 W. CHURCH STREET 604 W. CHURCH STREET NO X YES 3. NAME OF **First** Middle Last DATE Month Year 4. DECEASED MINNIE (Type or print) MAY RANDALL DEATH JANUARY 19 66 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED FEMALE WIDOWED DIVORCED DEC. 18, 1894 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? PAGE CO. VIRGINIA U.S.A. HOMEMAKER OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES KNIGHT JEMIMIA HENRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. MARGERISTIONN MD. 17. INFORMANT (Yes, no. or unknown) | (If yes give war or dates of service) NONE ELIZABETH WIERRECHT 604 W. CHURCH ST 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO advanced arteriosclerosis Conditions, If any, which gave rise to immediate DUE TO diabetes mellitus cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work o.m. at work 19 61 to_ Jan 66 that (1) (we) last Aug . 19 21. I certify that (i) (this hospital) attended the deceased from.... Dec PMM. from the causes and on the date stated above. 1965 saw the deceased alive on and that death occurred at

funeral and 2 death. Pages after papers. Page hin 72 hours hours .⊑ filled etely bon p executed physician in please to Ξ. pe certificate transit permit. Then, cremation, or remaгетоуа been signed by the the burial-transit or to burial, cremati or attending physician. as th prior 1 certificate hather for use a strong to the second to the s After this d DIRECTOR: Af age 3 should I lied with the S retained TO FUNERAL DIRE director, page 3 should be filed w тау 9

22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION,

22a. SIGNATURE

REMOVAL (Specify)

-FUNERAL DIRECTOR

CERTIFICAT

MEDICAL

HAROLD R. TRITCH JR. M.D

17,1966

23b. DATE THEREOF

DIRECTOR ADDRESS 302 N.

ATTENDING

POTOMAC ST. HAGERSTOWN MD.

DATE SIGNED

1966

(State)

23d. LOCATION (City, town or county)

HAGERSTOWN MARYLAND EGISTRAR 256 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR |

STAFF

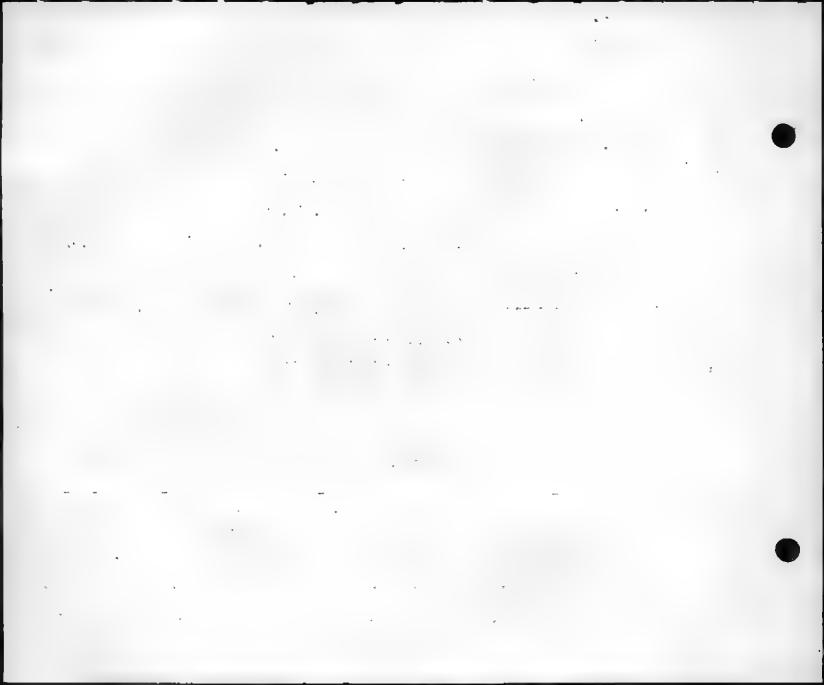
PHYS.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ROSE HILL CEMETERY

(4) 1/65 20M



CERTIFICATE OF DEATH 01465 be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b 14 DAYS HAGERSTOWN HANCOCK d NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS 208 BAPTIST CHURCH RD. WASHINGTON COUNTY HOSPITAL 3 NAME OF DECEASED MARTHA ELIZABETH RASH (Type or print) DEATH JANUARY 9. AGE (In years lost birthday) 7, MARRIED X 8. DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED OCTOBER 4, 1893 72 y FEMALE WHITE WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of work ng life, even if retired) **NDUSTRY** SEAMSTRESS GARMENT FACTORY FULTON CO. PENNA. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removol, CHARLES RANKIN MINNIE SHRODER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no, or unknown) (If yes give wor or dates of service) 217-03-0934 RAYMOND RASH 208 BAPTIST CHURCH RD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o)

CLC11 12 autz palmoury rolinezautorioschmotic heart disease **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 711 cc / 4 p / 2 m cc / bw ac 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED Hour a.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 6-30, 1964, that (I) (we) last saw the deceased alive an 1-3 1966, and that death accurred at 1864. M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE MED. STAFF DIRECTOR PHYS why It I fame ha he 154 West Washington St. 22d ADDRESS 22c. PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hagerstown Md. 23c. NAME OF CEMETERY OR PROPORTY 23d. LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION, REMOVAL (Specify) 1/7/2966 MARFORDSBURG PRESBYTERIAN WAS ORDSBURG. PENA.

ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

Cliveles Inda

(County)

22b. DATE SIGNED

1-5-66

(County)

ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

19 WAS AUTOPS PERFORMED?

NO

(Stote)

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

U.S.A

HANCOCK, MD.

Months

YES NO XX

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 50£	01466 CERTIFICATE OF DEATH
5 5 6 5 1°	1. PLACE OF DEATH a. COUNTY washington 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission) a. STATE b. COUNTY Maryland Maryland Maryland Maryland Maryland Maryland Maryland
E # SE	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH GF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
10	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
carbon papers	Washington County Hospital 140 N. Mulberry St. YES NOK
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Blanche Agnes Rawles DEATH January 27, 1966
İ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (in years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
^	10a. USUAL OCCUPATION (Cive kind of work done and of work of the country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Press Operator Clothing Boonsboro, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	Eric Jones Maude Wilkenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 217-12-1376 Mrs. Bruce Main, Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY (A) IMMEDIATE CAUSE (a)
	1913 DUE TO 5
	gave rise to immediate
	underlying cause tast. (c) 1000
۱,	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (County) 20f. (City or town) (County) (County) (County) (County) 20f. (City or town) (County)
	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) last
	saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 28 Jan. 1966
,	M.D. PHYS. DIRECTOR PHYS. L. 22d. ADDRESS
	NAME (Type) John W. Clark, M.D. 711 Oak Hill Ave. Hagerstown, Md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 1-29-66 Boonsboro Cemetery Boonsboro, Md.
2	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE
(3	John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. Tome 3 1966

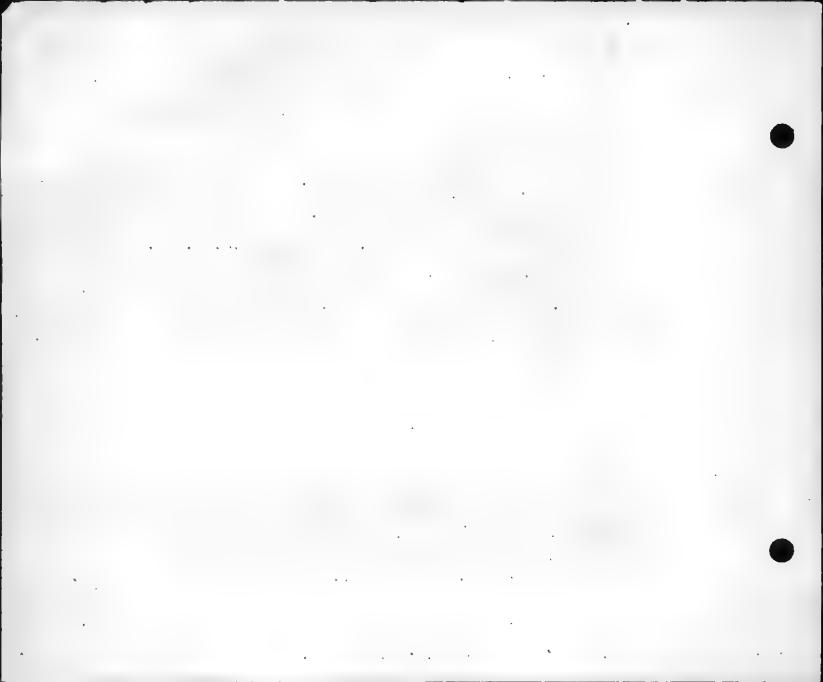


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMODI DIVISION OF STATISTICAL

	01467 CERTIFICAT	E OF DEATH	DIAIS
1.	PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If a. STATE Maryland b. Co	institution: Residence before admission) DUNTY Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagers town c. LENGTH OF STAY IN 1b 10 days	c. CITY OR TOWN (If outside corporate limits, Rural Clearsp)	, ,
Na.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) shington County Hospital	d. STREET ADDRESS Route 1	0. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF First Middle DEGEASED	Last 4. DATE Mo	onth Day Year
5.	WHICH TO THE MANKIED	last birthda	ry 13 156 rs FUNDER 1 YEAR FUNDER 24 HRS. y) Months Days Hours Min.
10a dur	. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	an. 31, 1921 44 yrs	ntry) 12. CITIZEN OF WHAT COUNTRY?
13.	Driver Trucking Co. FATHER'S NAME William C. Reed Sr.	Morgantown, W. Va. 14. MOTHER'S MAIDEN NAME Goldie Maust	· I
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		ress Rt. I Clearspring
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a).		INTERVAL BETWEEN
	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Nephritis (b) DUE TO (c)		10 đay
CERTIFICATION	PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PROGRAMMENT WAS LINDERLYING TO LEAD DESCRIBE HOW INJURY DOCL	TED TO THE TERMINAL DISEASE CONDITION GIVEN RRED. (Enter nature of injury in Part I or Part I	YES X NO
	DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE OF INJURY (Home, farm, 20f. (City or town)	
MEDICAL		ry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive in 19, and that 22a. SICNATURE	death occurred atM, from the cause	es and on the date stated above. 22b. DATE SICNED
	PHYSICIAN'S Howard N. Weeks, M. I	- 22d. ADDRESS 580 N.rth Hagerstown, N	ern Ave.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER) BURIAL 1-16-66 Cedar Lawn A FUNERAL DIRECTOR ADDRESS	OR CREMATORY 23d. LOCATION (City) Lem Gardens Hagersto	town or county) (State)
òc	ott F. Minnich & Son Hagerstown	711 1 P 1000 (Charle Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before ed mission) B. COUNTY b. COUNTY WASHINGTON WASHINGTON MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporere .im is, write RURAL and give nearest town) b. CITY OR TOWN Lif outs de corporete limits. write RURAL and give neerest town? RURAL HAGERSTOWN 15 YRS. RURAL HAGERSTOWN d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address) IS RES DENCE ON A FARMS RT.#1 HAGERSTOWN YES TO NO A NAME OF Middle OF DECEASED 1966 JANUARY (Type or print) NET.L.TE VTRGINIA DEATH DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 17, MARRIED X NEVER MARRIED Months WIDOWED | DIVORCED [10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. VIRGINIA HOME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME VERNIE KIDWELL CHARLES L. PATTERSON SR. Address HAGERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesg. vewerordates of service) MR. GEORGE 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Third degree burns of the entire body Sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER S, GN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? NO X 200. EXTERNAL CAUSE WAS
PRIMARY TO OF CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in any in Part , or Part I of item 18.) ent's clothes caught fire accidentally-cause of 20d. INLURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. T ME OF INJURY factory, street, office bldg., etc.) Not While 6 Hagerstown Wash. 19 66 et work et work X Home21. I certify that I took charge of the remains described above, held an Autopsy [Inspection XX. Inquiry and in my opin on Suicide 1 Undetermined manner death resulted from: Accident 177 Homicide 1/26/66 CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL its designate SIGNATURE 580 Northern DEPUTY MEDICAL EXAMINER Howard N. Weeks. M.D. Address (Street, city town, or county) Hagerstown. Md. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) HAGERSTOWN 1/28/66 ROSE HILL CEM. 400 24a REC'D BY REGISTRAR | 24b, REGISTRAR'S S.GNATURE VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH

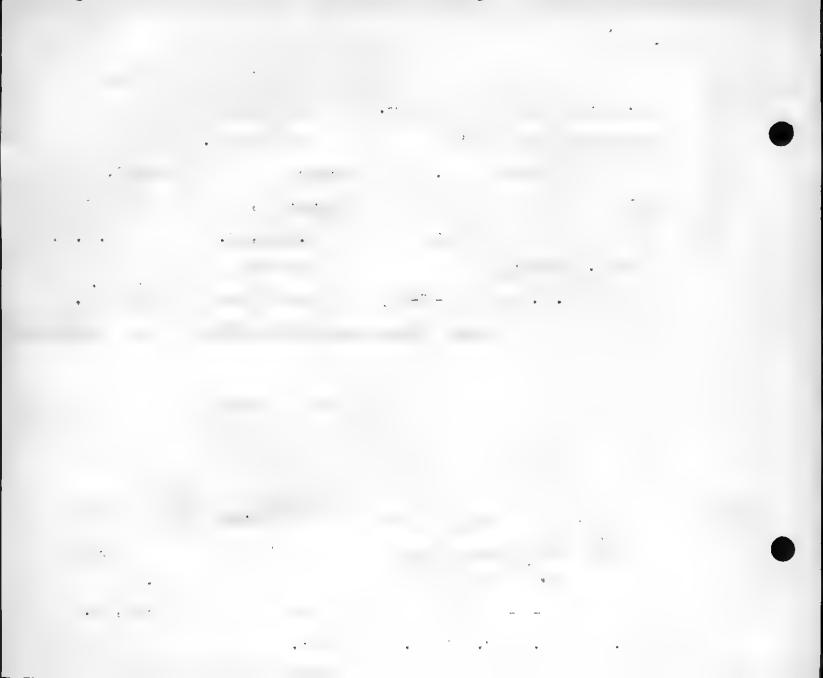


MARYLAND STATE DEPARTMENT OF HEALTH

1

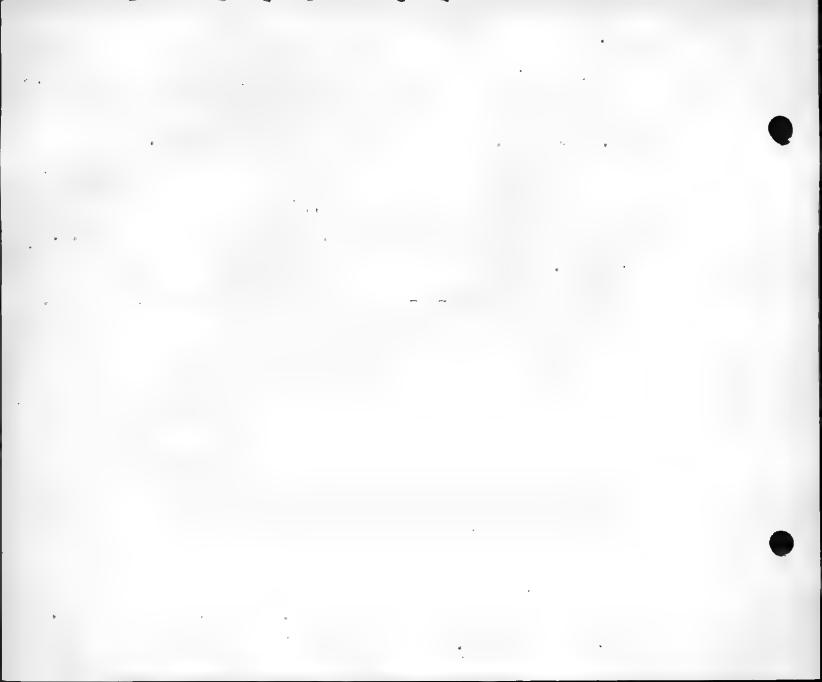
20M 1/65





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in y the fameral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISIO	N OF STATISTIC		YLAND STATE DE		HEALTH STREET, BALTIMOR	E 1. MARYLAND
- 1	01471				E OF DEATH	· · · · · · · · · · · · · · · · · · ·	01424
1.		ASHINGTON		MARYLAND	a. STATE	RYLAND b. COUNTY	WASHINGTON
	HAGER	N (if outside corpora and give mearest tow	n)	C. LENGTH OF STAY IN 15	c. City or town (if c		RURAL and give nearest town)
_		LOCUST SI		ospital, give street address)	d. STREET AODRESS	LOCUST ST.	e. IS RESIDENCE ON A FARM? YES NO
	NAME DF DECEASED (Type or print)	ME LV IN	st	MAXWELL	R IDENOUR	4. DATE Month DF JANUA	Day Year
1	MA LE	6. COLOR OR RACE WHITE	WIDOWED	M MEASUR MINISTER	8. OATE OF BIRTH	[ast hirthday) [as	Onths Days Hours Min.
10a duri	CHROME	ION (Give kind of working His, Aven if retire	ione 10b. K	TECTRONICS C		unty & State, or foreign country) ZLAND	12. CITIZEN OF WHAT
13.	FATHER'S NAM	R F. RIDE	NOUR		14. MOTHER'S MAIDI CLARA I		
15. (Ye:	WAS DECEASED I	VER IN U.S. ARMED FO (If yes give war or dates o	service) 22	social security no. 17. 0-10-3701 M	INFORMANT IRS. MADAL		HAGERSTOWN MD.
	PART 1. OE LAC Cenditions, if gave rise to cause (a), si	ATH WAS CAUSED BY IMMEDIATE CAUSE OUE any, which Immediate ating the	(a) My	renery t	Interc- hrombo	tion	INTERVAL BETWEEN ONSET AND DEATH 30 In 12
TIBICATION	20a. ACCIDENT	IGNIFICANT CONDITION	20b. E			ISEASE CONDITION GIVEN IN PA	YES NO 🔀
MEDICAL CERTIFICATION	(IF EITHER, NOT		IER)	Not While facto	CE OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City or town)	(County) (State)
		ceased alive on J		the deceased from A th. 19 Ch., and that	ATTENOING TO M	M, from the causes at	that (I) (we) last and on the date stated above. DATE SIGNEO
23a	REUR FA	1/28	HEREOF	23c. NAME OF CEMETERY REST HAVE	EN CEM.	HAGERSTOWN D BY REGISTRAR 25b. REG	
6.0	J. J. The	rment	Hag	Col Gran	DATE E	0 4 4000 (1/	ISTRAN'S SIGNATURE



TO HOLPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after "sath."

Page 4 may be retained by the hospital or attending physician.

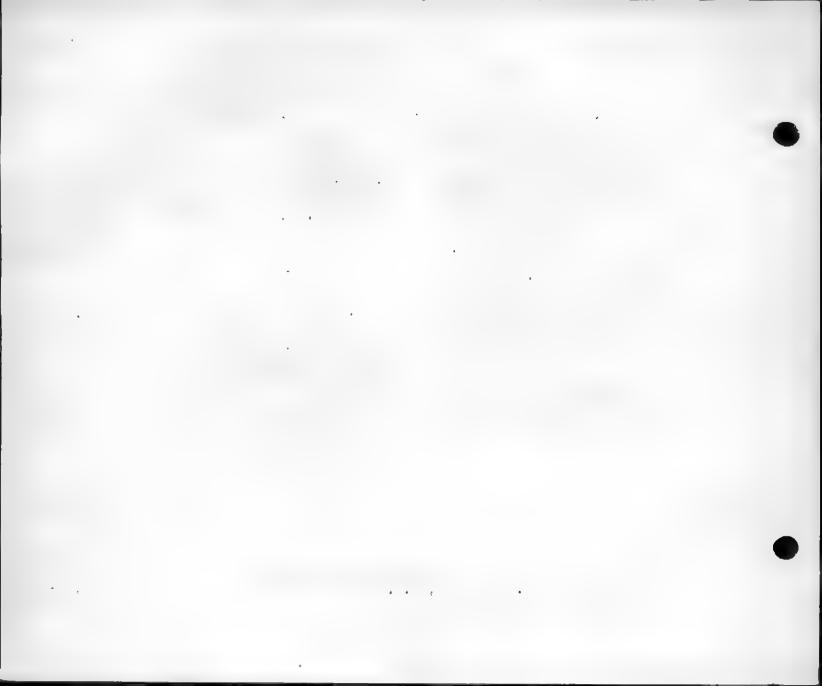
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then mease homove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and may event, within 72 hours after death.

		MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAN
-4	170	CEDTIFICATE OF DEATH	11 1 11 11

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
-{	1472						E OF DEA				1)1	125
1.	PLACE OF DEAT						2. USUAL RESID	ENCE (W	there deceased	lived, If instit		e before admission)
		Wash	ingtor	1		RYLAND	a. STATE	yla:	nd	ě	ashin, t	
	b. CITY OR TOW Write RURAL			nits,	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN	(If outsi	lde corporate	ilmits, write	RURAL and gl	ve nearest town)
	Hager	rstown			3 Year	:8			town		,	
	_			not in ho	spital, give street	address)	d. STREET ADDRE			4		e. IS RESIDENCE ON A FARM?
_		ykata.							atah 1			YES NO
3.	NAME DF DECEASED	D	First		Middle		Last	4.	DF	Month	Day	Year
5	(Type or print)	Rev.	Gordo		Ira.		der D.D.		DEATH	Janu		19 6
		1975		.30	NEVER MARRI		8. DATE OF BIRTH	יומוס ר	tast		ONDER 1 YEAR	Hours Min.
	ale			IDOWED	DIVORC ND DF BUSINESS C		June 27,			yrs.	12. CITIZEN	OFWHAT
aur	ing most of work	(ing life, even	if retired)	[INI	DUSTRY			-			COUNTRY	(?
13.	Clergyn FATHER'S NAM	VE TI		1 0.	.b.Churc	in	Silver	L GL	ke Inc	1	U.S.A.	
		_	n Ride	2 70			Julia					
15	. WAS DECEASED	EVER IN U.S. A	RIMED FORCES	S? 16. S	SOCIAL SECURITY N	ID. 17.	INFORMANT	,		Address		
	no, er unkown)		ir or dates of servi	ce)	None	Mr	s Cora H	R4	7 7 7 TT	13 Day	katak	Ave
1	18. CAUSE DF	DEATH [Ente	r only one cau	ise per lin	ne for (a), (b), and	(c).]	5 0014 1	1/	YET ITE	rae set	OMM LC	RVAL BETWEEN
		EATH WAS CA		Con	time m	dias.	to Cushic	1/42	and.	Das	ONS	ET AND DEATH
	422	_ /	DUE TO		1		1)		27500	11-60		
	Cenditions, If		(b)_	for the state of t	Telima	who	,				76	weels
	gave rise to cause (a), si		DUE TO									
_	underlying caus	se last.	(c)									
CERTIFICATION	PART II. DTHERS	SIGNIFICANT	CONDITIONS	DNTRIBUT	ING TO DEATH BUT	NDT RELA	TED TO THE TERMINA	AL DISEAS	SE CONDITIO	NGIVEN IN PA	RT 1(a) 19.	WAS AUTOPSY PERFORMED?
H	20a. ACCIDENT	WAS UNDER	LYING []	20b. DE	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature	a of Inlur	ry in Part 1 c	r Part II of I		S NO Z
	OR CONTRIBUTI	ING CAUSE TIFY MEDICAL	E OF DEATH L EXAMINER)				,		,			
MEDICAL	20c. TIME DF Hour a,r		th, Day, Year		JURY OCCURRED	20e. PLAC	CE OF INJURY (Home ry, street, office bldg	, farm,	20f. (City o	or town)	(County)	(State)
ME	p.r	m.	19	While at work			and the same of th				,,	
					d the deceased		any 1	<u>گ</u> رنگو1 ,		- m	,	hat (I) (we) last
	saw the dec		e onstee		190-	and that	death occurred a	1/1	M, from th			e stated above.
	ZZS. SIGNATUI	11.0	2016	1 11	1/2	M.D.	ATTENDING PHYS.	- MED. DIREC	TOR P	TAFF HYS.	22b. DATE SIG	INED
	22c. PHYSICIA NAME (T)	IN'S vne)	- /	. >		2	22d ADDRESS		9	-2/		
-	l	C-X/17	EVU	-1/-	110	h	11-71	12	wm -	ng		
23a	. BURIAL, CREM -REMDVAL (Spe	ecify)		EOF	-		OR CREMATORY	23		ON (City, town	- 1	(State)
24	REMOVAL (Spe Eurial FUNERAL DIRE	3 L 1	an. 3,1	963	Rose H:	ill (Cenetery	PECID BY	H POP	stown	HSTRAR'S SIGN	2011761
Āì	ndrew X	.Coffi	Lan Fu	nera	1 Home	Inc.		0.1	/OOO	230. REB	# 1	ATORE
_	Hage	rstown	l mary	land			DAVE	IA (1966	1/	-, les Ju	172



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	01473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REALTH DEPT.	1. PLACE OF DEATH Washington o. COUNTY Hagerstown MARYLAND 2 USUAL RESIDENCE (Where "deceosed lived, if institution Residence before odmission) b. COUNTY Washington
9 7 9	b CITY OR TOWN (if outside corporate limits wate RURAL and give nearest town) Hagerstown Life C (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown
n PM3 m PM3 m PM3 s ofter	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RES DENCE ON A FARMA?
20 5 59/J	washington county hospital 1009 Pope Ave.
Pe S 72	3 NAME OF DECEASED (Type or print) Harlan Thumb Rider Lost 0 Doy Year DEATH January 12 1966
	S SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B B DATE OF B RTH White WIDOWED DIVORCED Sept. 11, 1903 62 yrs Months Doys Hours Min
er's Of canges I and 2 any event	10b. USUAL OCCUPATION (G ve kind of work done during most of working like even if ret.red) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? COUNTRY?
Examiner's File pages and in any	13. FATHER'S NAME Ulysses G. Rider 14. MOTHER'S MAIDEN NAME Effie Boward
f Medical Ex it permit. Firemaval, or	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Ves, no, Negknown) (If yes give wor or dotes of service) 215-07-4248 John H. Rider Alexandria, Va.
the ward per d to the Chief I o buriol-transit remation, or re	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) OUE TO Conditions, if only, which gove is to immediate couse (a) Stating the underlying couse (c) Athled Schusici (d) INTERVAL BETWEEN ONSEE AND DEATH OUSET AND DEAT
be forworde I be used as ir to burial, a	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [200 EXTERNAL CAUSE WAS PRIMARY] or CONTRIBUTING [CAUSE OF DEATH 201 EXTERNAL CAUSE WAS PRIMARY] or CONTRIBUTING [CAUSE OF DEATH
our files. ge 3 should ogent, prior	
/our fill age 3 s ogent	20c, TIME OF INJURY Month, Doy, Yeor Hour om. p m. 19 20d NJURY OCCJRRED View PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)
Page for you DR: Pag ofed o	21. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection 🗌, Inquiry 🔀, and in my apini
director. Pag retained for DIRECTOR: P ts designofed	death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner
the funeral director. 5 may be retained to 5 FUNERAL DIRECTO Health or its designs	ACTUAL SIGNATURE School Co D CHA THE MEDICAL EXAMINER () 22. DATE SIGNE
ine fulleral anertor, roge 4 5 moy be retained for your 6 FUNERAL DIRECTOR: Page Health or its designofed age	EXAMINER'S NAME (Type) Edward W. Ditto III, N.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Hagerstown, Tarfila
E E	230 BUR AL CREMATION, PEMOVAL (Specify) 1-15-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty or Town) (County) (Store) Cedar Lawn Mem. Gardens Hagerstown Md.
- 10	Burlal" 1-15-66 Cedar Lawn Mem. Gardens Hagerstown Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
A15ME (5) N M 1/66	Scott F. Minnich & Son Hagerstown, Md. DAJAN 18 1956 Charley Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages—Land 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		91474 CERTIFICAT	E OF DEATH	11721
ł	1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
ŀ		Washington MARYLAND	La/h//aho/N.Va. Washin/dte	561
ı		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
١		Hagerstown 1 Day	Booksooro/ Martinsbur	· · · · · · · · · · · · · · · · · · ·
ľ		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	A ATREET LOOPERA	o. IS RESIDENCE
		Washington County Hospital	Resort/Norsing Hous	YES NO K
i	3.	NAME OF First Middle DECEASED	Last 4. OATE Month	Day Year
ı	ath.	(Type or print) HOMER ERNEST RUSS	DER DEATH JENY 14	1966 19
١	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNOER last birthday) Months	Days Hours Min.
		Tale White WICOWEO DIVORCEO	Feby 27 1891 74 yrs.	
V	dur	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	Vel Co	TIZEN OF WHAT UNTRY?
/	10	None		USA
	13,	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
1	4.00	David H. Russler	Ezenobiah Sprinkle	
1	(Ye	s, no, or unkown) [(If yes give war or dates of service)]	INFORMANT Address	+
	_]		es Homer Russler College S	
ı		 CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: 	hartinsburg ". Va.	INTERVAL BETWEEN ONSET AND OEATH
		IMMEDIATE CAUSE (a)		
		DUE TO PARTY	to Bear Tracase	SHU
1		gave rise to immediate (b)	ge from we see -	
		cause (a), stating the underlying cause last, (c)	econyouralon	1 deg
1	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMEO?
	CERTIFICATION		*	YES NO
	TIF	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MITICAL	facti	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bidg., etc.)	nty) (State)
	ķ	Hour a.m. While Not While p.m. 19 at work at work	ory, street, amooning, a etc.)	, _
		21. I certify that (I) (this hospital) attended, the deceased from_[a]	10 1965 to Fin 14, 196	a, that (I) (we) last
			at death occurred at P. M. from the causes and on the	
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. D/	ATE SIGNEO
		22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS.	15-66
		22c. PHYSICIAN'S NAME (Type) (7. W. Le Van	22d. ADDRESS Joonshow, 7	nd.
	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
		Burial 1.1-17-66 Green Hill	Cenetery Lartinsburg Ber	kley Co
i	24.	FUNERAL DIRECTOR RESERVED TO THE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR!	S SIGNATURE
		Andrew K. Coffman Funeral Home I	ne losten 10 10 10 16 1 1 2	1 4 x 32



31 FOR STATE M HEALTH DEPT

cessary, pages 1 and 2 with the State Department in any event within 72 hours after death. O DEPUTY MEE EXAMINER: This certificate should be executed with 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File post Health or its designated agent, prior to burial, clemation, on removal, and director. Page 4 should retained for your files. TO DEPUTY MED

> VR ALSME (5) 1/65

5M

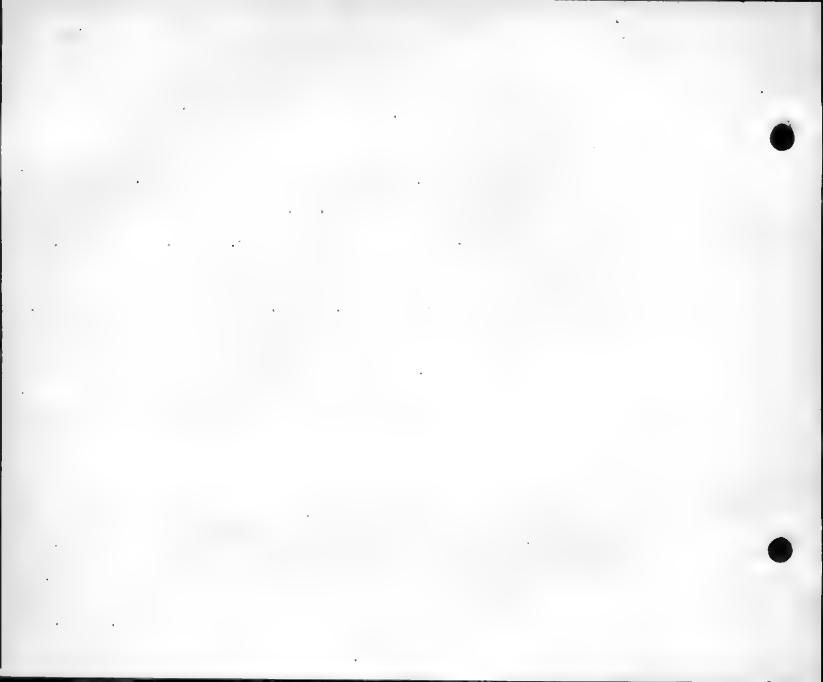
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	a. COUNTY	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, If institution: b. COUNTY	Residence before admission)
	17 shington MARYLAND	man lanc	l Washington	
	D. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporete limits, write RURA	L and give nearest town)
	Write RURAL and give nearest town) Higgerstown 2 Yrs	Hagerst	own .	- 1 - 1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			e. IS RESIDENCE ON A FARM?
	143 West Church St	143 West	Church St	YES NO E
3.	NAME OF First Middle	Lest	4. DATE Month	Day Year
_	(Type or print) TILLIAL (NEN) SELI		DEATHJENY 3 196	6 19
5,	THE THE THE THE THE THE THE THE THE THE	8. DATE OF BIRTH	9. AGE (In years IF UNDER lest birthday) Months	R 1 YEAR IF UNDER 24 HRS
	Lale Maite WIDOWED DIVORCED J	Juny 1 18	396 70 yrs. 1	
10. du	a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY 1NDUSTRY	11. BIRTHPLACE (S	tate er foreign country) 12, 0	ITIZEN OF WHAT
	Laborer None I	Dickerson	Lontgomery Co	U A
13	. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
	Alvin Sellman	Ananda	Sunmers	
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1	Yes (15 yes give war or dates of service) 20-10-3080	ars Page I	litto Boonsboro	Ld.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia			Sev days
	473 7 DUE TO			
	Conditions, if any, which \ (b)			
	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last.			
Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19, WAS AUTOPSY
ATI	Molmitmition and elements - 3 - 1	- 9 3		PERFORMED?
IFIC	Malnutrition and chronic alcohologo. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	O L 1 SM JRRED. (Enter nature of	injury in Part (or Part () of Item 18	The same of the sa
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
AL C		CE OF INJURY (Home, fa	orm, 2Df. (City or town) (Co	unty) (State)
MEDICAL	Hour e.m. While - Not While - factor	ry, street, office bldg., e	tc.)	
×	p.m. 19 at work at work			1.0
	21. I certify that I took charge of the remains described above, hel		Inspection X, Inquiry ,	, and in my opinion
	death resulted from: Natural causes X, Accident Sui	icide 💹, Homici		- 41. 1//
	ACTUAL Some II Ollows III	CHIEF MEDICA		1/4/66 22. DATE SIGNED
	SIGNATURE TOURS OF THE STATE OF THE SIGNATURE	M.D. ASSISTANT ME	DICAL EXAMINER 580 NOT	thern Ave
	EXAMINER'S Howard N. Weeks, M.D.	DEPUTY MEDIC	DICAL EXAMINER 580 North total Examiner 580 No	own, Md.
23				
	furici 1-6.66 Luthern Ce	SVILLE MO	23d. LOCATION (City, town or ed Lyersville Fred C'D BY REGISTRAR 25b. REGISTRAR	Ca 1.a
24	FUNERAL DIRECTOR HEETS TOWN ADDRESS I.d	25a. RE	C'D BY REGISTRAR 255. REGISTRAR	'S SIGNATURE
	Andrew K. Coffran Funeral Home I	DC PAIAN	7 1066 / " world	in Que
-				-



Item 18 Film G373 2/1 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE WASHINGTON MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) may HAGERSTOWN DAYS HA HAGERSTOWN the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? AA State GEORGE STREET 615 GEORGE ND TY YES 2, and PM3. NAME OF First Middle DATE Month Year Last 4. DECEASED 2年 JANUARY (Type or print) TERRY LYNN DEATH 29 66 19 SHIFFLET W. F. 6. COLOR DR RACE | 7. MARRIED EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIEDY last birthday) Months | Days Hours NX MALE WIDOWED DIVORCED JUNE 4. 1964 event event 10a, USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? -MARYLAND U.S.A. NONE pages 1 in any NONE 13. FATHER'S NAME MOTHER'S MAIDEN NAME ernest W. Shifflet. Jr. FRANCES SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HASERSTOWN. MD. (Yes, no, or unknwn) (If yes give war or dates of service) permit. Fremoval, NO NONE SHIFFLET JR. 615 GEORGE ST _____ INTERVAL BETWEEN ONSET AND/DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which Mixed but meningococcus present (b) gave rise to immediate DUE TO cause (e), stating the used as a to burial, 601 underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES DO ND F 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should be agent, price CAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) the certificate I should be fo Hour a.m. MEDI While Not While at work at work CTOR: Page designated 21. I certify that I topk charge of the remains described above, held an Autopsy X and in my opinion Inspection Inquiry DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide **Homicide** ge 4 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 for FUNERAL I DEPUTY MEDICAL EXAMINER please exidirector. **EXAMINER'S** 580 NORTHERN ANTINS (Str HAGIERG TOWN OWN THE HOWARD N. WEEKS M.D. NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5 0 HAGERSTOWN FEB.1.1966 ROSE HILL CEMETERY MARYLAND FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 24. **ADDRESS** VR ALSME (5) HAGERSTOWN. MARYLAND 5M 1/65





A ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after stay be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should detacled for up the burial-transit permit. Then please remove carbon papers. Pages I and 2 should should be the burial companies to burial, cremation, or removal, and in any aventy within 72 hours after death.

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TO HOSPITAL

death. Page , Tay be retained by the	TO FUNERAL DIRECTOR: After this	director, par shauld detacled for	be filed with the State Dept. of Health	
			15 7-	62

		MARYLA	AND STATE	DEPARTME	NT OF H	IEALT	H		
DIVISION O	F STATISTICA	L RESEARC	H AND RECOR	DS, 301 W. P	RESTON S	TREET,	BALTIMO	RE 1, MAR	YLAND
01478			CERTIFICA	TE OF DI	EATH				1)1131
. PLACE OF DEATH				1.1	ESIDENCE (V	Where dece		nstitution: Raside	nce before edmission)
a. COUNIT	Washingt	on	MARYLANI	a, STATE	Md.		b. COUN	Washi:	neton
b. CITY OR TOWN (If	outside corporata limi	ts, c.	LENGTH OF STAY IN I	. 1			ata limits, writa	RURAL and give	
	give nearast lown)	1 7	7 years	Smit.	hsburg				,*
d. NAME OF HOSPIT	.ze <u>rstown</u> Al or institution (if not in hospital,		d. STREET A	52			_	. IS RESIDENCE
	leedy Memor								ON A FARM?
NAME OF	ferst	TOT HOME	M ddle	Last	1.4.	DATE	Month	Day	Yaar
(Type or print)	ALT	CE	IDONA	SMITH		OF DEATH	Janus	arv 4.	1965-6
5. SEX	6. COLOR OR RACE	T MADDIED [8. DATE OF BIRTH	Į i	. 9.		IF UNDER 1 YEAR	
female	white	WIDOWED M		March 27			est birthday)	Months Days	Hours Min.
On. USUAL OCCUPATE			OF BUSINESS OR INDU	<u> </u>	-		7 7134	1 12. CITIZEN 6	DE WHAT COUNTRY?
dona during most of wor	king lifa, avan if ratire	d)			rsburg.				
nouse	MITE	'		14. MOTHER'S	U +			I	
91 17111110 3 11111111	Goorgo Min	0.22		14. MONTER S		a L.	Tion		
5. WAS DECEASED EVE	George Min		IAL SECURITY NO. 1 12	INFORMANT	UPISU	od he	Address		
Yas, no, or unkown) (If	yas give war or datas of s	ervice			a man Til a	nlauni 7			
no	EATH Enter only one			Irs. Kay M	ann, Ro	CKVLL	ite, Ma.		TERVAL BETWEEN
	WAS CAUSED BY	and to	A . A . A	1- K	m . 1	1/10	e		NSET AND DEATH
	MMEDIATE CAUSE (a)	1 time	wester	re- toc	avy u	Julist White.	يرح التاع		1 for
720D									ı
Conditions, if any, gave size to immadia	1-7							-	
(a), stating the un	NAME OF TAXABLE PARTY.								
causa lest.	(c)							W-1000-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1	
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO TH	TE TERMINAL D	DISEASE CO	ONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
									YES NO
OR CONTRIBUTING	S UNDERLYING L	20b. DESCRIBE	HOW INJURY OCCU	RED (Entar natura of .	in ury in Part I	or Part II o	f tem 18 }		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	1							
20c. TIME OF INJUR	Y Month, Day, Ye			PLACE OF INJURY (H factory, street, office b		Of. (City o	r town)	(County)	(State)
p.m.	19	at work	at work			2 2 15		66	
21. I certify th	at (I) (this hospit	tal) attended	the deceased fro	mitter 15	19/0	D. 10	2012 4.	, 196±.,	that (I) (we) last
saw the decease	ed alive or	-C.	19. 10., and the	death occurre	ed at 2 A A	Λ, from t	he causés a	nd on the da	ate stated above.
22a, SIGNATURE	17/10/1	111		ATTENDING	MED.	- 1	STAFF	17	22b. DATE SIGNED
1 - 9	71.17561	11000	2-	M D. PHYS.	DIRECT	TOR [PHYS [/6	66
22c. PHYSICIAN'S NAME (Typa)	LA LA	11 /	/	22d. ADDR	ESS		/	7	1
Trest (7)por	_ 6. U	- hue l	an		1200	mal	16-821		-61
36. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THE			RY OR CREMATORY	23		ION (City, tow		(Slata)
burial	1-6-66		Smithsburg	Cemetery		Smit	hsburg	Md.	
4 FUNERAL DIRECTOR	5 SIGNATURE		ADDRESS		25a REC'D 81			ISTRAR'S SIGNA	TURE
Scott F. M	linnich & 3	Son, Smit	thsburg, Mo	i.	LAN 10	1966	5 1/	10	0



FOR STATE HEALTH DEPT.

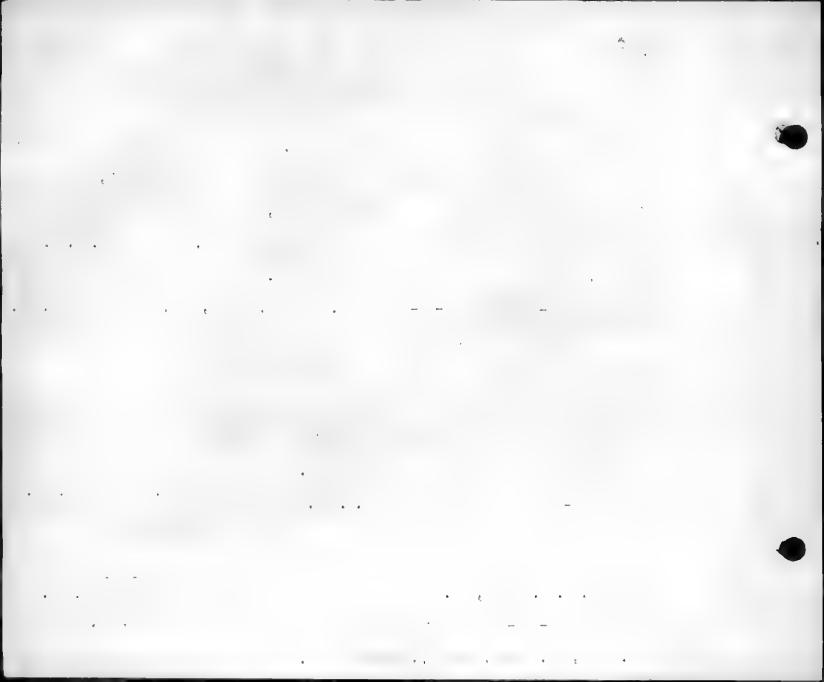
> TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> > VR A15ME

3500 4-64

		MARY	LAND STATE DE	PARTMENT OF	HEALTH	
	Division of	STATISTICAL RESEA	RCH AND RECORDS	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
01/	7.70	MEDICAL	EYAMINER'S	CERTIFICATE	OF DEATH	63 1 4

/ L		OTE 8 3	JERNITORIE OF BERNING								
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)								
Н		Washington MARYLAND	*Maryland b. COUNTY Washington								
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
-1		Rural Funkstown Minutes	Rural Keedysville								
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?								
7		Route 40 A	Rfd. 1 YES NO.								
-	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
		(Type or print) Carl Edward	Smith DEATH January 17, 1966								
	5.	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8	9. AGE (In years FUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.								
)	Male White WIDOWED DIVORCED Js									
	10a	. USUAL DCCUPATION (Glye kind of work done 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
1	4411	Machine Operator Textile	Hagerstown, Md. U. S. A.								
ı	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
		Josiah C. Smith	Hazel B. Yohe								
	15.		INFORMANT Address								
- 1	(Ye	A 10-1 AO 10 0-1 018-07-0E07 16-2	s. Betty T. Smith, Rfd. 1 Keedysville, Md.								
		Yes 4 Feb 40- 17 Feb 210-24-9727 MF1	I INTERVAL BETWEEN								
	ı	PART 1. DEATH WAS CAUSED BY:									
Ì		IMMEDIATE CAUSE (a) Fractured Skull	TIIS LAULU								
		Conditions, If any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ma mula a co								
		gave rise to immediate	uloradus ga.								
		cause (a), stating the									
	2	underlying cause last. (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY								
	CERTIFICATION	LYKI WOMEN COMPLICATIONS CONTRIBUTING CONTRIBUTING CONTRIBUTIONS	PERFORMED								
P	FIC.	While speeding ski	dded into on coming YES NO K								
	RT.	20a. EXTERNAL CAUSE WAS PRIMARY OF OR OTHER PRIMARY OF OTHER PRIMARY OTHER PRIMARY OF OTHER PRIMARY OF OTHER PRIMARY OF OTHER PRIMARY OTHER PRIMARY OF OTHER PRIMARY OF OTHER PRIMARY OF OTHER PRIMARY OTHER PRIMARY OF OTHER PRIMARY OF OTHER PRIMARY OTHE	IKKED, (CINE) HELENE OF HIJELY HER ALL I OF ROLL I OF ROLL 1017								
		CIUCA IN ODDUST CE	lane.								
	ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.) Funkstown, Washington, Md.								
1	MEDICAL	3:15 p.m. 1-17- 1966 at work at work Ser#ILS	JOA. 1 mile east of								
		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion								
		death resulted from: Natural causes , Accident X, Sui	cide , Homicide , Undetermined manner								
			CHIEF MEDICAL EXAMINER								
		SIGNATURE SUCH SUCK	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED								
45			DEPUTY MEDICAL EXAMINER 1-19-66								
X	_	NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county Hagerstown, Md.								
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)									
		Burial 1-21-66 Green Lawn Co	emetery Williamsport, Md.								
1	24	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
3	Jo	ohn H. Bast, Jr. 112 N. Main S. Boonsbor	ro, Md. DAJAN 24 1966 golionalas Julies								



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 1. PLACE OF GEATH 8. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTY Maryland Washington Washington / filled in by the 1 papers. Pages 1 hin 72 hours after MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) 2 months Clearspring Clearspring Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 Route NOV. Route YES completely i 3. NAME OF First Middle Last DATE Month Day 4. DECEASED 19 66 (Type or print) Mary E11en Smith DEATH January executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLDR DR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AUA 17, 1892 Female White WIDOWEDE DIVDRCED May 12. CITIZEN DF WHAT 9 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) IDD. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) House Wife Own Home Emmitsburg. Md. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетома William E. Thompson Mary C. Staley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 1 17. INFORMANT Address Ы (Yes, no, or unkown) (If yes give war or dates of service) N Mrs. Nora Watts Hagerstown. Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DNSET AND DEATH been signed by t the burial-transit or to burial, crems PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the has be as th prior 1 underlying cause last. WAS ATOPSY TO THE ERN NO ASSASECONDITION GIVEN IN PART 1(a) 119. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUI NOT BELLETED IR: After this certificate hould be detached for use the State Dept. of Health PERFORMED? CERTIFICAT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) the hospital 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 2Df. (City or town) (County) (State) 2Dc. TIME DF INJURY Month, Day, Year actory, street, office bldg., etc.) Hour own Not While retained by p.m. at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from_ and that death occurred at \$2.50% Ion the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 238 LDCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. Burial (Specify) 1-4-66 Lena Cemeterv Mt. Lena, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Scott F. Minnich & Son Hagerstown. DATE VR A15 (4) Md. 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regrove Carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any bright, within 72 hours after death. TO COSTITAL OR THE HIND PRESIDEN. The law requires that the death certificate the executed whin a cours after leath.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAN
01481	CERTIFICATE OF DEATH	1) 1 1:

	1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution	: Residence before admission)				
- 1		Washington	MANUALIS	a. STATE Mo.	ryland b. GOUNTY W	lashinaton				
	~	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b		outside corporate limits, write RUR					
		Hagerstown	Lite	Ida	gerstown /	. /				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE				
2		Washington County Hosp	ital	96	0 A Main Ave.	ON A FARM? YES NO 🔀				
	3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year				
		(Type or print) Doris	Lavine	Spoonire	DEATH January	14 19 66				
	5.	SEX 6. COLOR OR RACE 7. MARRIEC	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IFUNO last birthday) Month	ER 1 YEAR FUNDER 24 HRS.				
		Temale White WIOOWED	DIVORCEO Z	ecember 14.		s days Hours min.				
	10a	. USUAL OCCUPATION (Give kind of work done) 10b. Ing most of working life, even if retired)	KIND OF BUSINESS OR			CITIZEN OF WHAT				
	Gari	dousewite	Own Home	Hagersto	wn_Md_	USA				
	13.	FATHER'S NAME		14. MOTHER'S MAIO						
		Dewey S. High		Sa	die Alice Honok					
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Address 14	rgerstown, Md.				
	(Ye	s, no, or unkown) (If yes give war or dates of service)	19-12-00105+L	al C Palisa	n 533 W. Wilson Bli					
	-	18. CAUSE OF DEATH [Enter only one cause per		et C. Gourson	n))) wowcom is a	INTERVAL BETWEEN				
	П	PART I. DEATH WAS CAUSED BY:								
	Ш	IMMEDIATE CAUSE (a) Cackefica 2 whs								
		Conditions to any which I								
	Н	conditions, if any, which gave rise to immediate (b) Solt Fosing syndrome								
	H	source (a) stating the OUETO								
		underlying cause last. (c) primary restrictiona margnant								
	틷	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTINGTO DEATH BUT NOT RELA	TED TO THE TERMINAL O	DISEASE CONOITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY PERFORMED?				
	15		elworde.			YES NO 🔀				
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I or Part II of Item	18.)				
			INUING SOUIDERS LOSS SIA	OF OF MILLIPHY diames for	Look (Otto or four)	County) (State)				
	MEDICAL	20c. TIME OF INJURY Month, Cay, Year 20d. Hour a.m. While	factor	CE OF INJURY (Home, fa ry, street, office bidg., e		County) (State)				
	E E	p.m. 19 at wo								
		21. I certify that (I) (this-hespitel) attent	ded the deceased from			66, that (I) (we) last				
	П	saw the deceased alive on /-/-	19 66, and that	death occurred at A	AM, from the causes and or	n the date stated above				
1	П	22a. SIGNATURE)			OATE SIGNED				
1		Hereld Kintch	M.O	, PHYS.	MEO. DIRECTOR PHYS.	115/66				
		22c. PHYSICIAN'S NAME (Type) HAROLD R. TR	ITCH, JR.	22d. ADORESS	· Ci da	. 4.1				
		HARDLA R. IR	iller, JR.	302.n.Po	otomac St. HAGERS	TOWN, Md.				
	23a	BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)				
		Burial 1/17/66	Rest Haven	Cemeteru	Hagerstown	Md				
0	24.	FUNERAL DIRECTOR COLLEGE	ADORESS	25a. REC	C'D BY REGISTRAR 25b. REGISTR	11 11 1				
4	R	est Haven Juneral Chapel	Hagerstown Md.	OADEAN	18 1936 1	the fragment				

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41 EMROT BEZEISUG ERONITAN.

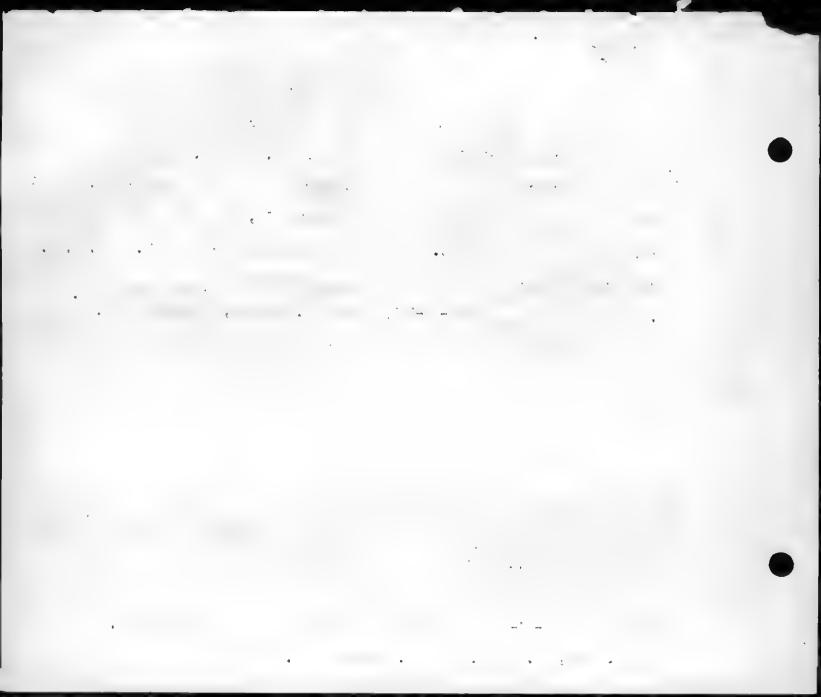
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleased emode carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. IN NOBRITAL ON ATTENDING PHYBICARM THE law requires that the death certificate be escuted within 24 linurs after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	0148	3		CERTIFIC	CATI	E OF DEATH	ł		01.435
	PLACE OF DEATI	H							Residence before admission)
	ashingto	n		MARYL	AND	Maryland	1	Mashingt	on.
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY DR TOWN (If	outside corporate	Ilmits, write RURA	L and give nearest town)
H	agerstow	n	,	2 Weeks		Boonsbor	ro	31	/
	d. NAME OF HO	SPITAL OR INSTITUTION)N (if not in h	ospital, give street add	dress)	d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?
_1	ashingto	n County Ho	spital			104 N. I	Main St.		YES NO K
	NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Month	Day Year
	(Type or print)	Margaret		Lee		erner	DEATH	January 3	
5.	_	6. CDLDR OR RACE				B. DATE OF BIRTH	last	birthday) Months	R 1 YEAR IF UNDER 24 HRS.
	emale	White IDN (Give kind of work	WIDDWED.		□ Se	eptember 11;	18/3 92	yrs. 4	CITIZEN DF WHAT
duri	ng most of work	Ing life, even If retire	d) II	IND DF BUSINESS DR NDUSTRY					CDUNTRY?
	Ales Lad		De	pt. Store		Rural I	Middletowr	1, Md •	U. S. A.
F' 15.	ranklin WAS DECEASED	Alexander EVER IN U.S. ARMED FO	RCFS? 16	SOCIAL SECURITY NO.	1 17	Lydia Sr		Rossmood	Asso
(Yes	, no, or unkown)	(If yes give war or dates o	f service)	4-09-7617	1	oyd A. Steri		imore, Mo	
No		DEATH Enter only on		ine for (a), (b), and (c).	1	Jya A. Oceri	iter, bar	ofmore, in	INTERVAL BETWEEN
		EATH WAS CAUSED BY	1	LA Po	12	15 va			DNSET-AND DEATH
	÷ .	IMMEDIATE CAUSE	, ,	Pi nom					
	Cenditions, If	any, which \		Cere borot	2	throw.	6001		4days
	gave rise to	Immediate	(b)						1
	cause (a), s underlying caus	tating the [(c)	eneral?	4	anders 1	Ceron, 5		Tens
S		SIGNIFICANT CONDITI	DNS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE CONDITION	N GIVEN IN PART 1(8	19. WAS AUTOPSY PERFORMED?
CERTIFICATION		Conger	tive	hant Jaie	سد	- Jum 8	from o	y aneu	YES NO L
	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJUR	Y DCCU	RRED. (Enter nature o	f injury in Part I o	r Part II of Item 1	8.)
빙	(IF EITHER, ND	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)						
MEDICAL		INJURY Month, Day,			Je. PLA	CE DF INJURY (Home, fary, street, office bldg., e	arm, 2Df. (City (or town) (Co	ounty) (State)
MED	Hour a.i	-	While at wor		12010	.,,			
	21. I certif	y that (1) (this hos	pital) attend	ed the deceased fro	m	1-19-,1	966 to 1-	- 31 , 19:	65, that (I) (we) last
П		ceased alive gn	1-31-	1965 ar	d that	death occurred at f	136 M, from th		the date stated above.
	22a. SIGNATU	-11/1	J. Q			ATTENDING PHYS.	MED. S		DATE SIGNED
	22c. PHYSICI	Cy. It Jui			M.D	PHYS. 22d. ADDRESS	DIRECTOR . PI	HYS.	
	NAME (T		SEC	ONDARI		ZZU. ADDRESS	Boons	B020	Md
23a	BURIAL CREA	MATION, 23b. DATE	THEREDF	1 23c. NAME OF CEN	METERY	OR CREMATORY	1 23d. LOGATIO	IN (City, town or c	ounty) (State)
l _	BURIAL, CREA REMDVAL (Sp Urial	ecify) 2- 3-		Boonsboro				boro, Md.	
24.	FUNERAL DIR	ECTOR		ADDRESS		25a. RE	C'D BY REGISTRAR	25b REGISTRA	R'S SIGNATURE
J	ohn H. E	Bast, Jr. 1	12 N. M	min S Boo	nab	oro Md Date	4 1966	Jellares	7

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		01483 CERTIFICA	TE OF DEATH						
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
		inoton MARYLAND	a. STATE b. COUNTY						
ľ		b. CITY OR TOWN (if outside corporate limits. c. LENGTH DE STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ł	= 4	write RURAL and give nearest town)	Williamsnort 2//						
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
١	-	ذ ب ب ب ب د د د س ا ا ت .	107 3. 20 0000 YES NO []						
ı	3.	NAME OF First Middle OECEASED	Last 4. OATE Month Day Year						
1		(Type or print) Daniel Elmer	Swope DEATH Jan. 28 1966						
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. Months Days Hours Min.						
4		WIOOWED DIVORCED	1 1 4 yrs. 5 12 1						
1	10a duri	. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR ing most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
ı	,	maru acce	Pondsville Md. W.S.:						
Į	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	_	John Emory Swope	Mary Elizabeth Grove						
	15. (Ye	s, no, or unkown) (If yes give war or dates of service)	INFORMANT 7.07 : Vonderess, as st.						
			ra. John Hetzer Williamsport Md.						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND ORATH						
1	- 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere lond	Hivom bosis 5 hours						
1	332X DUE TO OUE								
	Conditions, If any, which are rise to immediate (b) The OSCI COSIS								
	cause (a), stating the DUE TO								
١	_	underlying cause last.) (c)							
Ì	읡	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRI	PERFORMEQ?						
П	5	nou e_	YES NO X						
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
			LAGE OF INJURY-Home, farm. I 20f. (City or town) (County) (State)						
1	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJUDY(Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)						
-1	¥	p.m. 19 at work at work	1 25 1/ 0						
Į	- [21. I certify that (I) (this hospital) attended the deceased from_							
	- 1	saw the deceased alive on 321 1960, and the	hat death occurred atM, from the causes and on the date stated above.						
1		//////	ATTENDING MED. STAFF C 5 98 1916						
1		22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 100 A 0 1166						
1	i	NAME (Type) ME, TYNK, T	Williamsport Mid						
	23a		ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
		REMOVAL (Specify) Jan. 30-66 pr	The tary libli . port a ryl nd						
-	24.	FUNERAL DIRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR SIGNATURE						
)		11 th 12 1 1 3111 100t 11.	FFB 2 1966 / warres						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-3nd/2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in agy-eyent, within 72 hours after death. TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the demts certificats be exeruted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becausecuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
	01484			CERTIFIC	ATI	E OF DEATH			01421
1.	PLACE OF DEATH a. COUNTY				Ì	a. STATE_	(Where do	b. COUNTY	
	Washingto	(If outside corporate (If give nearest town)	limits,	MARYLA c. LENGTH CF STAY II		c. CITY DR TOWN (If o	utside co	Washin rporate limits, write	RURAL and give nearest town)
	Boonsbord)		2 Tears		Keedysvil	lle	2 /	/
		rsing Home	(ir not in no	espital, give street add	iress)	d. STREET AOORESS			e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF	Firs		Middle		Last	4. DATE	Month	Day Year
	(Type or print)	LeRoy	O	• Van R	lens	selaer	OF DEAT		
5.				NEVER MARRIED	□ _ '	B. DATE OF BIRTH	9	last birthday) liui	UNDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min.
1Da	Ma.le	Nhite N(Give kind of work do	mei 10b. Ki			ebruary 2 18		84 yrs.	11 18
dur	ing most of working	life, even if retired) Lingineer	IŅ	iDustry Power		Belwood Pe	-	, or 10,0,0,1	COUNTRY? U. S. A.
	FATHER'S NAME	- 26	1 -	VII VI		14. MOTHER'S MAIDE			0+ 9+ 2+
	R. Schuyl	er Van Ren	sselae			Arietta H	lancoc	k	
15. (Ye	. WAS DECEASED EV s, no, or unkown) ((ER INU.S. ARMED FDRI If yes give war or dates of s	ervice)	SDCIAL SECURITY ND.		INFORMANT		Address	
	No.					. Arita Van	Rense	selaer, Kee	edysville, Md.
		ATH (Enter only one if was caused by:	ause per li	пе for (a), (b), and (c).]	_				INTERVAL BETWEEN ONSET AND DEATH
	1/22	IMMEDIATE CAUSE (a)	Arterio	scl	<u>erotic car</u>	rdio-	<u>-vascular</u>	dis 10 Vera
-	Conditions, If an	/ DUE TO							
	gave rise to in cause (a), stat	nmediate	,						
	underlying cause	last.)						
TION	PART II. OTHER SIG	INIFICANT CONDITION				TEO TO THE TERMINAL DI	SEASE CO	NOITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	OD- ADDIDENT IN	AN UNIDERLYAND TO		odenal ul			t-1 t- e	2-4 (C (C)	YES ND ND
CERTIFICATION	DR CONTRIBUTING (IF EITHER, NOTII	AS UNDERLYING THE CAUSE OF DEATH OF MEDICAL EXAMINE	R) 206. D	JESCKIBE HOW INJURY	0660	RRED. (Enter nature of 1	injury in f	art i or Part II or i	tem 18.)
MEDICAL	20c. TIME OF IN. Hour a.m.	JURY Month, Day, Ye	ar 20d. IN While	Not While	e. PLAC	CE OF INJURY (Home, fari ry, street, office bldg., etc	m, 20f.	(City or town)	(County) (State)
E E	p.m.	19_	at work	at work		1960 10		1/00	
				the deceased from	m			1/20	19.66, that (I) (we) last
	saw the dece 22a. SIGNATURE	ased alive on	3/	, and	d that	death occurred at 5	<u>≥£M, 1</u> 1		d on the date stated above.
	-//	V4+·)	al	a)	M.D.	ATTENDING M	ED. IRECTOR	STAFF PHYS.	I/22/66
	22c. PHYSICIAN' NAME (Type		Shea	aly M. b.		22d. ADDRESS			
23a	BURIAL CREMAT REMOVAL (Speci BUTIAL	TION, 23b. DATE TH		23c. NAME OF CEM		****	23d. L	OCATION (City, town	or county) (State)
			- 66	Fairview	Cem			edysville,	
	FUNERAL DIRECT			AODRESS		I FA M	D BY REG	ISTRAR 25b. REG	STRAR'S SIGNATURE
10	nn H. Bas	t, Jr. 112	N. Ma:	in St. Boon	Bbo	ro Md DATE	× : i	2 //	1

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Page 4 may be retained by the inveption of attenting proposation.

To FUNERAL DIRECTOR: After this certificate has been signed by the attenting projection and confidency filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOLITIAL OR INTERDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01/25	CERTIFICATE	OF DEATH		17 7 0 8
1. PLACE OF DEATH	11 2	2. USUAL RESIDENCE	(Where deceased lived, If institution: Re	esidence before admission)
a. county		a. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits) c	MARYLAND LENGTH OF STAY IN 1b	CITY OR TOWN (I o	and ashington butside corporate limits, write RURAL	and give pearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			·	
H.gerstown	3 Yrs		rstown	- 10 050105005
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
405 Garlinger Ave		405 Garli	inger Ave	YES ND
3. NAME DF FIrst	Middle	Last	4. DATE Month	Day Year
(Type or print) WILTIAM HENR	Y WATSON	Sr	DEATH Jany 4 196	66 19
5. SEX 6. COLOR OR RACE 7. MARRIED FT	NEVER MARRIED 8.	DATE OF BIRTH	1.0 ACE (in years IEIINDER	YEAR HE UNDER 24 HRS.
Lale Thite WIDOWED		20050	last birthday) Months 69 yrs.	Days Hours Min.
10a IISIIAL OCCIPATION (Give kind of work done 1 10b KIND	OF BUSINESS OR	t 8 1896 11. BIRTHPLACE (COM		TIZEN OF WHAT
during most of working life, even if retired) INDUS	STRY		• V 🗗 🕴 G0	UNTRY
1.achinist (Ret) W.	R.R. 1.	artinsou	rg Berkley Co	
	1			
William Watson		Christin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes give war or dates of service)	IAL SECURITY NO. 17. IN	FORMANT	Address	Ave
No 701-	10-4616 i.rs	Juini ta	E. Watson 405 G	arlinger
18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]	Hage	rstown kd.	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Parance	CCCI	24500411 244.	ONSET AND DEATH
11 102		The state of the s	1	- College
Conditions If any which I	Comme	1. 50	Comones	
gave rise to immediate	COMUNIC	my a	V F CD G CO	
cause (a), stating the DUE TO underlying cause last.				
	C TO DEATH BUT NOT BELATE	D TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 202. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	STODESTIL BOTHOTREESTE	D TO THE TERMINAL DI	Bende doubling alternation stay	PERFORMED?
			the state of the state of	YES NO NO
☐ 20a, AGCIDENT WAS UNDERLYING ☐ 20b, DESC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURN	(ED. (Enter nature of	injury in Part I or Part II of Item 18.	,
		_		
9	factory	OF INJURY (Home, far street, office bldg., etc		nty) (State)
P.m. 19 While at work	Not While at work	,	,	
21. I certify that (I) (this hospital) attended t	he deceased from	1//8 . 19	63, to 1/4 , 196	6. that (I) (we) last
			8 M, from the causes and on the	e date stated above.
22a. SIGNATURE	4			ATE SIGNED
K.S. FULCOM	obleck M.D.		IRECTOR THE STAFF	4/66
22c. PHYSICIAN'S	1 11	22d. ADDRESS,	***************************************	
NAME (Type) Rober V L.	[ladqmb_	1 (13	Gerslown	md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23	Bc. NAME OF CEMETERY OF	R CREMATORY	1 23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)	H		T	Co Ld
	se will cer.			S SIGNATURE
Andrew K. Coffnan Fun		no palaN	7 1000 Peliante	Quedar.
NAME (Type) Robert V 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify)	BC. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town or cou	Čl.
		0.0.00	101 1	0
A PHOTOM V. COLLEGE LAN	GLaT DORG T	IIC new	7 1555	The same

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

							, , , , ,				
La rel			01487			CERTIFIC	ATE	OF DEATH			01439
To de la			PLACE OF DEATH				T		there deceosed lived, if institut		e before admission)
o l		0	o. COUNTY	Washingt	0.10	MARYLA	ND	o. STATE	b. COUN		sh.
the funeral ages 1 and s after deat		E-12	CITY OR TOWN (If outside corporate limits give nearest town)	i,	c. LENGTH OF STAY IN I			tside corporate limits, write RUI		
Pag Urs			write RURAL on Hagerst	d give nearest town)		70years		Hagerst	own	21	1
in by ers. Pc 2 haur			NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital	give street oddress)		d. STREET ADDRESS	OWII	<u> </u>	e. IS RESIDENCE
and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after death				•		9 5 5.61 5.07			Chrimak EA		ON A FARM? YES NO
filled i	711	_	ash. Co	unty Hosp		Middle		433 W.	Church St. 4 DATE Mont	h	Dov Year
ban Wil			ECEASED	Fit					OF _	ls.	
campletely lave carbar y event, wi		5 5	Type or print)	PEARL				NGER DATE OF BIRTH	DEATH Jan 19 AGE (in years	Z T IF UNDER 1	7 19 66 YEAR IF UNDER 24 HRS.
am)		_	_	6 COLOR OR RACE	7. MARRIED		F-1		lost heethdow	Months	Doys Hours Min
and contraction of the contracti			emale	white	WIDOWED	<u></u>	L) L	eb. 18,18		10.67	TEN OF WHAT
				(Give kind of work done life, even if retired)	11	AND OF BUSINESS OR NDUSTRY			& State, or foreign country)	COL	ZEN OF WHAT JNTRY?
S S S			Looper		ho	siery mfg	•		own, Md.		
- C 64		13.	FATHER'S NAME					14. MOTHER'S MAIDEN N			
g p				ge H Well					Manious		
din t		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f convice) 16.	SOCIAL SECURITY NO.	17. II	FORMANT	Addre	222	
permit. Then			no	(11 Joseph and or doles o	2	214-09-361	4	Sara Jean	Horn, Hage	rstow	n, Md.
signed by the attending phy burial-transit permit. Then burial, crematian, ar removal			18. CAUSE OF D	EATH (Enter only one cou	se per line foi	r (o), (b), ond (c).) -					INTERVAL BETWEEN
signed by the burial-transit burial, crematic			PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) 1	rema					ONSET AND DEATH
to the			15:	DUE		17.11	15	111/2			21.011-
rial			Conditions, if ony		(b) C	elacted al	26 (6	rat upoll	William		7-01-462
でを記る			rise to immediat		TO /3	0	1	18	metern rectur		1000
been s the ior ta			lost.)	(c) LC	atthree	1	CHICION	JAY GEORGE	^	1
5 FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta		_	PART II OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)		19 WAS AUTOPSY PERFORMED?
e hr		4Ti0				_					YES NO
this certificate detached far us e Dept. af Healt	0	CERTIFICATION	200 ACC DENT WA		205. D	ESCRIBE HOW INJURY OCCU	JRRED (Enter noture of injury in F	Part 1 or Part II of item 18.)		
a de life				CAUSE OF DEATH							
ach ept.		MEDICAL	20€ TIME OF INJ	URY Month, Doy, Year	20d	INJURY OCCURRED 20		E OF INJURY (Home, form		(Cou	nty) (Stote)
det det		显	Hour o	m.	While of wor	e Not While		ory, street, office bldg , etc.)			
Affer 1 be d 5 State			91 Leasti	III.			am.	Fily/7 1	9 W ta 12702	7 10/	(that () (we) last
A Pild			saw the d	erensed alive an	Lane	2 7 19 66, an	d that	death/accurred at	3 P.M. from causes	and an th	ne date stated abave.
# P P			220. SIGNATURE	/ 4	1	,,,					TE SIGNED
DIRECTOR ge 3 shoulied with the			17	seply (0 - (0	risp	M.D	ATTENDING D	MED STAFF PHYS.		-79
E G	1		22c PHYSICIAN'S	T	2-1	(10,2,0	W.	22d ADDRESS		/	1 2 2 4 2563
R p	-		NAME (Type				1	580 N	in 7 stan	F	116 # 10 8140
for FUNERAL director, pa shauld be fi		23n	BURIAL, CREMATIC	ON. 23b DATE TH	FREOF	23c NAME OF CEMETE	RY OR (REMATORY	23d. LOCATION (City or To	wn)	(County) (Stote)
dire sha	6		REMOVAL (Specify burial			Rose Hil			' '	•	
2	1	24	FUNERAL DIRECTO		00	ADDRESS	4 (2So. REC'D	BY REGISTRAR 25b RE	GISTRARS SI	Mci GNATURE() LAR
VR A15 (4) 20 M 1/66	B			Minnich	& Sor		d.		EB 1 1966	17	Las Ing
Au 20 17 00	- 0	12	COOP I	THAT HILL GIL	W 1701	T TYEN E + 3 171	- A	DAIL]		d .	Mr.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

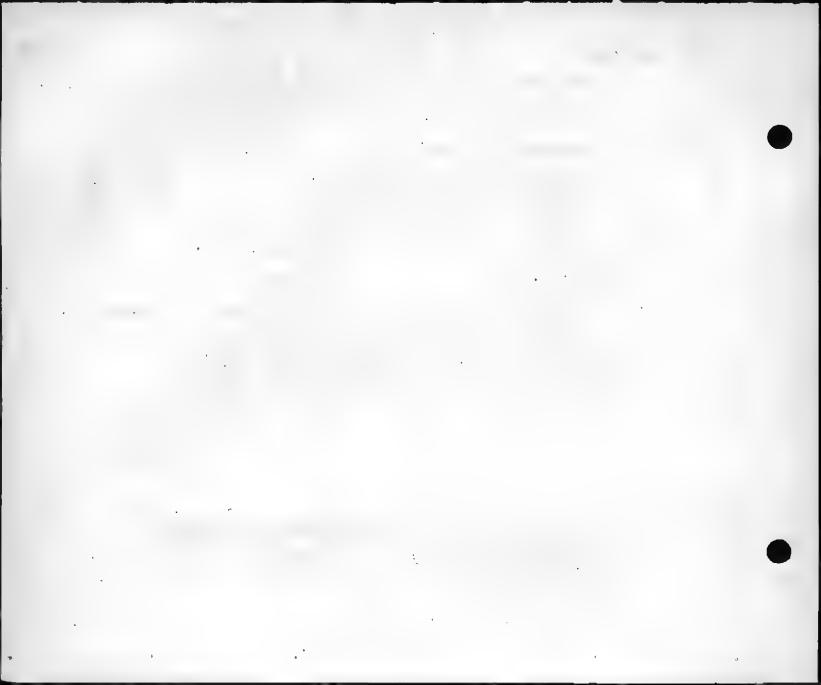


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11/09 GERIIFIGA	IE OF DEATH (/LOGAT)
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1	Hagerstown 2/./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres	s) d. STREET ADDRESS e. IS RESIDENCE
Washington County Hospital	674 Highland Way
3. NAME DF First Middle	Last 4. DATE Month Day Year
	ilson DEATH January 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	June 27, 1918 47 yrs. Williams Days Hours
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Wife Own Home	Trego, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William S. Avey	Carrie Mullendore
	. INFORMANT Address
	oodrow Wilson Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
DUE TO	WW/
Conditions, If any, which)	Hown I doll - A
gave rise to Immediate	The state of the s
cause (a), stating the DUE TO (c)	1
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
CAT	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF DR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of injury in Part or Part of (tem 18.)
5 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a.m., p.m. 19 While at work at work	tory, street, brice bing., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from.	1960, to 120 19, that (1) (we) last
	at death occurred at > 3 - M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE\SIGNED
I would have	I.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
mane (1940) Zalls GVall	I toy en low MI
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY (29d. LOCATION (City, town or county) (State)
Burial 1-23-66 Rest Haven	Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR ADDRESS	1 254. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstow	n, Md. DATE 1966 Charles Quege

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wik ura'l give negratown rstown 9 months Hagerst own d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Clearview Nursing Home 102 Englewood Road YES NO 3. NAME OF First Middle Lost Year (Type or print)BESSIE ELLEN WOODEN DEATH January 26 19 66 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Days emale White 1885 April 1. WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY COUNTRY? Near Clear Spring.

14. MOTHER'S MAIDEN NAME Own Home 13. FATHER'S NAME Daniel L. Sterling Virginia A. Saunders Tammy Lane Williamsport, Md. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, crunknawn) (If yes give war ar dates of service Mrs. Hilda Carter 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL DETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE THRIMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Z 20a, ACCIDENT WAS INDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m fuctory, street, office bldg., etc. 19 2]. | certify that (1) (this haspital) attended the deceased fram applied 19 (a.G., and that death accurred at 5: 30 M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert F. Keadle, M. D. 580 Northern Ave., Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 1-29-66 Rose Hill Cemetery Hagerstown, Md.

2Sa. REC'D BY REGISTRAR

1966

25b REGISTRAR'S SIGNATURE

funeral 1 and 2 ter deaffi. executed within 24 hours after death. emove carbon papers. Pages 1 any event, within 72 hours ofter by the fi Ξ and completely filled remove carbon pape pui PHYSICIAN: The low requires that the death certificate be rema permit. 0 cremotion, signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. as the has been Dept. of Heolth certificate for detoched Stote O FUNERAL DIRECTOR: director, page should be filed

24. FUNERAL DIRECTOR

Scott F. Minnich & Son Hagerstown,

NATURE WINES ALMEN CASE THE WISH IS NOT THE PARTY OF TH The second secon Lat thereif NILL TRANSPORT . 1 19 To 1 1/ 10 10 10 10 15 1 10 1 Karabrah rascular secretuit ordays artinoselante brain diagasa miles Trophic whose little Mass. appropriate to make Bant - 100 dle 1-25.60

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, adroon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01490 CERTIFICATE OF DEATH								1442
1.	PLACE OF DEATH a. COUNTY Washington MARYLAND				a. STATE ryland County as STATE and			
-		N (if outside corporate lir	mits. c. ENGTH	MARYLAND OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	ning ton	ve nearest town)
	Write RURAL and give nearest town) Hagerstown 4 Mos.			Hagerstown, 2/-/				
-		PITAL OR INSTITUTION (I			d. STREET ADDRESS	5 00 111,	~ / - /	. IS RESIDENCE
	Garlock Nursing Home				522 Antietam Dr. ON A FARM?			
3.	NAME OF	First		ddle	Last	4. DATE Mon		Year
	(Type or print)	Russel	Cos	16	Zeigler		an. 19	19 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED [8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS.
N	Male	White w	IDOWED I	DIVORCED 1	Dec. 28, 189	5 70 yrs.	Months Days	Hours Min.
1Da	a. USUAL OCCUPAT	ION (Give kind of work done ng life, even if retired)	10b. KIND OF BUSI	NESS OR	11. BIRTHPLACE (Co	unty & State, or foreign count	ry) 12. CITIZEN COUNTRY	OF WHAT
	Elect	ritian	Retire	d	Greencas		U.	S.A
13.					14. MOTHER'S MAIDEN NAME			
	Pierce				Doll:	v		
15 (Ye	o. WAS DECEASED E es, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes hive war or dates of serv None	16. SOCIAL SECTION (102)	34	INFORMANT S. Fave S	Boons ouder R#2	boro.Md	
-		DEATH (Enter only one car			. B. Laye of	Judei		RVAL BETWEEN
		ATH WAS CAUSED BY:	1300	s. cli	r	0	ONS	S CZaci
	14 91 V							
	Cenditions, If any, which							
	gave rise to Immediate (
	cause (a), stating the Country of th							
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
CAT	arteurs derosis, Diabetes							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
				100 F0 100+ Di	DE OS INITION OF THE ASSE	- Long (nil) or thurs	(County)	(State)
MEDICAL	2Dc. TIME OF I	NJURY Month, Day, Year	While Not Wh	facti	CE OF INJURY (Home, fai ry, street, office bldg., et	rm, 2Df. (City or town)	(County)	(State)
N	р.п	n. 19	at work at wo	rk 🔲				
	21. I certify that (I) (this hospital) attended the deceased from Cing 13, 1954, to 4 cm 19, 1966, that (I) (we) last							
	saw the deceased alive on 19 19.66, and that death occurred at 1/45 M, from the causes and on the date stated above.							
	Kobent Vh Camp hell M.D. ATTENDING MED. DIRECTOR STAFF Jan 20/66							
	22c. PHYSICIAN'S Robert V. L. Campbell 22d. ADDRESS Hagerstown md							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)								(State)
	Burial	Jan. 23		st Have	n Cemeter	Hagerstow	n Maryl	and
	. FUNERAL DIRE		ADD	RESS	25a. REC	D BY REGISTRAR 250.	REGISTRAR'S SIGN	TATURE
Andrew Coffman Funeral Home Inc. DATAN 24 1966 feliantes Judge								
	771		H-1 w					17

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